Cross-Cultural Communication among Nurses in Patient Care: A Rapid Review

Yee Bit-Lian*, Rosnida Abu Bakar, Shahedan Saeidin
Open University Malaysia, Cluster of Health Sciences, Petaling Jaya Learning Center,
46350 Petaling Jaya, Malaysia

Abstract. Culturally competent care affords several benefits to patients and nurses, resulting in a more holistic care. As the quality of nursing performance increases, nurse–patient relationships improve and treatments are more effective. The objective of this article is to review research related to the perceived cross-cultural communication among registered nurses. A rapid review included two databases search of articles published between 2012 and 2021 with inclusive and exclusive criteria. Eighteen articles were finally selected for inclusion in the review. Those articles were subjected to fundamental thematic analysis. Descriptive analysis of the study design, study location, professional areas, and study variables were documented. Six themes were identified: cultural diversity and communication, cultural conflicts and miscommunication, attitudes towards patients, needs of cross-cultural training, self-efficacy in cross-cultural communication, and cross-cultural communication and patient safety. Communication between nurses and patients from dissimilar cultures could be difficult. This implies that both nurses and patients carry beliefs, behaviours and values formed by their own culture. All these studies agree that comprehensive cultural awareness and sensitivity are needed to provide holistic care for patients from different cultural backgrounds. Caring for diverse groups of people requires competent cross-cultural training and educational courses.

Keywords: assertive communication, communication barriers, cross-cultural, cultural diversity, nurses, transcultural

Background

Caring behaviours of nurses are contextual and various factors such as patients' social structure, lifestyle, culture, and interests (Ghafouri et al., 2021). Negative health care consequences may result when cultural variations among nurses and patients are not reconciled in health care settings. Cross-cultural communication competency and cultural intelligence plays a significant role (Majda et al., 2021; Purabdollah et al., 2021)in improving communication quality and eliminating racial or ethnic disparities in health care (Amouri & O'Neill, 2011). However, poor cultural communication can lead to unfortunate consequences for patients. From a philosophical perspective, cultural competency can reduce health differences between cultural groups (Betancourt et al., 2005; Betancourt & Green, 2010). It was explained by some participants that aspects of nonverbal communication were also not understandable such as forms of signs that were used and some facial expressions. It is obvious that the difference in language even in accent is considered as a barrier in communication (Karout et al., 2013). This barrier leads to misunderstanding of the messages given by the nurses to the women such as patient education and counselling. A nurse who neglects to understand and manage cultural differences may hinder effective communication, which reduces trust and leads to patient dissatisfaction, nonadherence and poor health outcomes (Betancourt & Green, 2010). These difficulties could lead to misunderstandings that could then result in diminished care provided by the nurses.

Study by Tavallali (2014) explore how parents with ethnic Swedish backgrounds experience minority ethnic nurses' cultural competence and the care the nurses provide in a Swedish paediatric care context. The parents thought that language skills, adaptation to

* Corresponding Author

Swedish culture and awareness of the Swedish culture are the foundations for a well-functioning communication between minority ethnic nurses and Swedish patients/relatives. Similarly, few studies indicated that communication between nurses and patients from dissimilar cultures could be difficult (Norouzinia et al., 2015; Tang et al., 2018). This implies that both nurses and patients carry beliefs, behaviours and values formed by their own culture. All these studies agree that comprehensive cultural awareness is needed to provide holistic care for patients from different cultural backgrounds. Caring for diverse groups of people requires competent cultural training and educational courses (Loftin et al., 2013; Weber et al., 2021). An attitude towards people from different cultural backgrounds also contributes to quality patient care.

Patients will feel respected and valued, and they will have the utmost desire to attain a mutually agreed upon health care objective if nurses are culturally competent (Tavallali, 2014; Weber et al., 2021). In some cases, most experienced respondents were not culturally competent. Moreover, greater levels of education and nursing experience promoted cultural competence. Thus, poor adherence to suggested treatment behaviours between ethnically and racially diverse clients is a result of nurses' limited ranges of cultural information, skills, experience and awareness (Lin et al., 2015). A qualitative study by Karout et al. (2013) explored the perceptions of 37 Saudi patients during nursing care by health care providers from diverse cultures. The study determined that clients faced cultural communication difficulties. Some caring behaviours might be inappropriate in other cultures.

From a patient safety aspect, poor nurse–patient communication leads both directly and indirectly to patient harm. This study revealed that nurses' lack of knowledge regarding the patient's language and culture was a common cause of inadvertent patient harm (Alabdaly et al., 2021; Brooks et al., 2019). Moreover, communication problems with other nurses can often threaten patient safety (Pullen, 2014). In relation to patient safety, one study in the UAE used a sample of 153 volunteer nurses, comparing these nurses' attitudes towards clients from different cultural backgrounds (Amouri & O'Neill, 2011). The results showed that clear information was paramount when caring for patients from different cultures. Further, a qualitative study piloted in Australia indicated that communication failures between nurses and patients contributed to most incidents of client harm, and this harm might rise to unacceptable levels (Lee et al., 2012). Adverse nursing care outcomes could be managed effectively if cultural communication between expatriate nurses and Saudi patients is effective.

Studies have noted that linguistic and cultural variations remain the biggest obstacles to effective communication. According to Australia Commission on Quality and Safety in Health Care (2016) nurses must interact sensitively, effectively and professionally with patients from diverse cultural, racial and ethnic backgrounds. Ideas of cultural competence, knowledge, desire and sensitivity are upheld by nurses' openness, resilience and aptitude (Brooks et al., 2019). Cultural awareness in nursing entails understanding and accepting patients' various worldviews. Cultural competency is the ability to work productively within the cultural contexts of patients from different cultural backgrounds (Pullen, 2014) and, further, to appreciate those differences.

Cultural competency allows the nurse to design, communicate and implement a complete care plan that is acceptable to patients from different cultural backgrounds. As a result, nurses strive to communicate effectively with clients of other cultures in order to produce desirable outcomes. Nurses' understanding of cultural diversity can bridge health differences across ethnic or racial barriers (Fleckman et al., 2015). When nurses understand diversity, communication with patients of other cultures is improved; hence, they acquire skills to build lasting relationships with patients, which will reflect positively on patient outcomes (Anand & Lahiri, 2010). Nurses are in a perfect role to facilitate connections with clients from different cultural backgrounds and promote their health outcomes (Singleton & Krause, 2009). An open

relationship between nurse and patient is necessary to attain excellent care outcomes (Kourkouta & Papathanasiou, 2014). The purpose of this article is to review research related to the cross-cultural communication among registered nurses.

Methods

Data Selection

Search strategy

The search process was done with mind-mapping of research keywords "cultural-barriers", "cultural competencies", "inter-cultural", "transcultural nursing", "effective communication", "assertive communication", "communication barriers", "cross-cultural communication", "nurses", "registered nurses", "nursing students", and "post-registration nursing students". Our aim was to analyse available research related to the cross-cultural communication among nurses in patient care. The three keywords were search within two electronic databases, namely Nursing and Allied Health Literature (CINAHL) and Google Scholar, and hand-picking strategy. The initial search hit a high volume of articles. Therefore, we applied advanced search and Boolean operator by filtering the range of year, and the keywords search in the title only.

Study selection

This rapid review considered multiple research methods which included quantitative, qualitative and mixed-method research. Articles written in English, full text, peer-reviewed, and associated to cross-cultural communication related to nurses or nursing. We included articles from 2012-2021 (10 years) in order to explore a wider range of findings pertaining to evolution of nursing profession in cross-cultural and communication perspectives.

Data extraction

At our initial stage, we generated a high volume of results within CINAHL database. It was done through Open University Malaysia digital library achieves. We then did manual screening of the relevant articles based on the titles. After the initial scanning through the title, 56 articles were selected for our second screening process. At this stage, all abstracts were read through based on the inclusion and exclusion criteria as displayed in Table 1. This resulted in 38 studies selected for full-text reading. Out of full review of these 38 articles, only 18 were included in the present rapid review. Detailed of the 18 articles is shown in the Table 2.

Table 1. Inclusive and exclusive criteria

No	Inclusive criteria	Exclusive criteria
1.	English language only.	Non-English language.
2.	Study focused on cross-cultural communication related to nurses.	Study not focused on cross-cultural communication or not related to nurses.
3.	Free full-text with journal peer-reviewed only.	Duplication articles, no full-text available, none peer-reviewed, thesis/dissertation.
4.	From 2012-2021	Before 2012.
5.	All designs excluded reviews, report, white papers	Any reviews, meta-analysis, systematic review.

Legend guide: A total of 381 articles were identified through two databases, namely CINAHL and Google Scholar. Out of 381, 11 were excluded due to duplication. Subsequently, we were left with 370 articles to be screened for title and abstract relevance. However, 314 studies were excluded due to the content was not focus on cross cultural communication among nurses and duplication. Finally, 56 articles were eligible for full-text review. Eventually, 38 articles were further excluded due to the content were not focus on cross-cultural

communication among nurses. Therefore, the remaining 18 articles were included in this rapid review. The study selection process flow chart is illustrated in Figure 1.

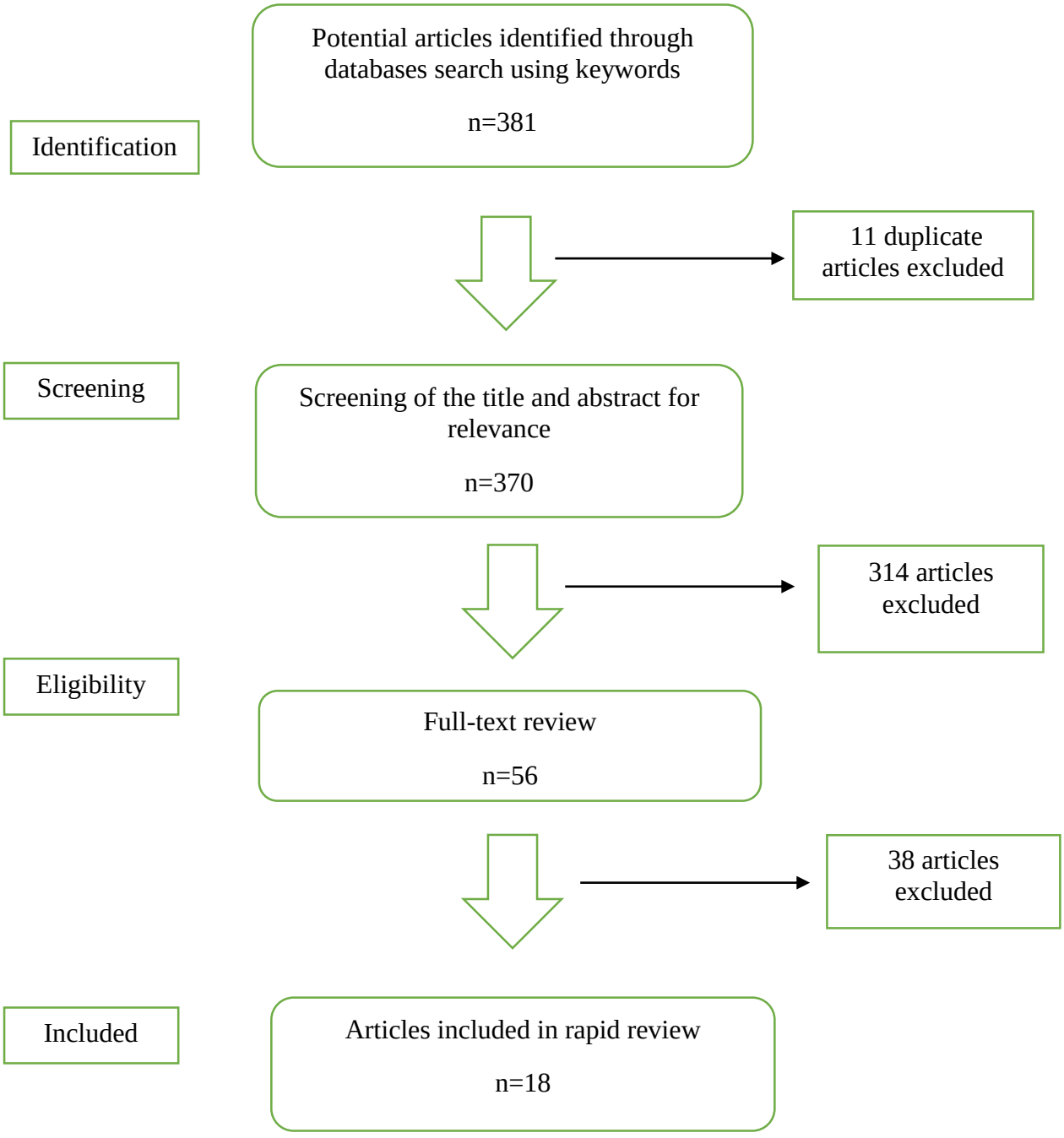

Figure 1. Study and selection process flow chart

Table 2. Studies selected for inclusion

Authors	Study location	Sample	Objective of the study	Study design	Findings
Alsulaimani et al. (2014)	Kingdom of Saudi Arabia (KSA)	Filipino nurses working in KSA (n=307)	To investigate the cognitive competency of Filipino nurses working in KSA.	Cross-sectional quantitative	Cross-culturally competent assessment skills are essential to facilitate communication, to demonstrate respect for cultural diversity, and to ask culturally sensitive questions about beliefs and practices that need to be considered in the delivery of health care. The level of confidence of the respondents regarding the health history, and interview were found to be different on the work setting and department profiles ($p \leq 0.01$).
Alsulaimani (2014)	Kingdom of Saudi Arabia (KSA)	Filipino nurses working in KSA (n=307)	To present the practical competency of Filipino nurses working in the hospitals of Taif city, Kingdom of Saudi Arabia.	Cross-sectional quantitative	The findings shown that the nurses have high self-esteem. Among the 28 investigated variables, the highest means scores of 7.98 and 7.92 dealt with "religious practices and beliefs" and "religious background and identity", respectively. The nurses were very confident to discuss with the patient their practice of religion and beliefs and they can easily extract information from the patient about these topics.
Almutairi et al. (2015)	Kingdom of Saudi Arabia (KSA)	Non-Saudi Arabian nurses (n=24)	To explore notions of cultural competence with non-Saudi Arabian nurses working in a major hospital in Saudi Arabia	Qualitative study- Semi structured interview	Nurses within this culturally diverse environment struggled with the notion of cultural competence in terms of each other's cultural expectations and those of the dominant Saudi culture. Enhancers of competence were the recognition of a common humanity, an appreciation of the value of another's culture, and a desire to learn more about it. In this context, ethnocentrism could explain the attitude many of the participants consciously or unconsciously exhibited toward the Saudi people in their care, which resulted in cultural conflict.
de Graaff et al. (2012)	Holland	Six patients, 30 relatives and 47 professional care providers (n=83)	To gain insight into the factors that influence communication between health professionals and Turkish and Moroccan immigrants in the palliative phase of cancer.	Qualitative study- Semi structured interview	Miscommunication around palliative care cannot solely be explained by the different cultural backgrounds of patients and their care providers. As many patients with a Turkish or Moroccan background speak little Dutch, conversations often take place in triads, which makes it difficult for the actors to understand and resolve communication problems arising from diverging perceptions of 'good communication'. The multilingual communication triangle of patient – family – care provider often also complicates the

					bridging of differences in care perceptions.
Hart and Mareno (2014)	USA	Registered nurses (n=374)	To discover and describe challenges and barriers perceived by nurses in providing culturally competent care in their day-to-day encounters with diverse patient populations.	Qualitative study; prospective, cross-sectional, descriptive survey	Three themes emerged from the qualitative description: great diversity, lack of resources, and prejudices and biases. A general lack of knowledge regarding diverse cultural groups and a lack of cultural competence training were reported by respondents. One subtheme within the great diversity category was a shared feeling that healthcare providers did not understand or did not respect/value cultural beliefs. Nurses speaking multiple languages shared how being fluent in another language was a way to connect with patients and families.
Hemberg and Vilander (2017)	Finland	Nurses (n=8) Adult patients from another culture (n=2)	To uncover a new understanding of the caring community between nurses and patients when these do not speak the same language.	Qualitative study uses a hermeneutic al approach	Five main categories emerged: 'human love as the basis for a caring relationship when the patient and the nurse do not speak the same language; integrity as vital for cultural respect and for consideration of spiritual needs; an affirming presence as essential for sharing suffering in communion when the patient and the nurse do not speak the same language; creative courage as fundamental for cultural competence and communication in a caring relationship and continuous information as vital for establishing trust within a cultural and caring relationship'. Body language enables nurses and patients to communicate with each other, even if they do not share the same spoken language.
Inocian et al. (2015)	Kingdom of Saudi Arabia (KSA)	Expatriate nurses (n=584)	To determine the level of competence among expatriate nurses in providing culturally competent nursing care.	Cross-sectional quantitative	The findings of the study showed that majority of the respondents were Indians and Filipinos, with a frequency percentage of 53% and 39%, respectively. They were culturally competent in providing nursing care and there was significant difference in their cultural competency when grouped according to their age, gender, educational status, nationality and length of service. The respondents obtained an overall grand mean of 3.15 and standard deviation of 0.321, interpreted as competent. They were culturally competent as they attempt to learn and use key words and colloquialisms of the languages used by the patients and families served (mean= 3.10 and σ= 0.881). They utilize methods of communication,

					including written, verbal, pictures, and diagrams, which will be most helpful to the patients, families, and other program participants (mean= 3.09 and σ= 0.978). They utilize interpreters for the assessment of patients and their families whose spoken language is one for which they are not fluent (mean= 3.02 and σ= 0.868).
Lesińska -Sawicka et al. (2019)	Turkey, Poland and Hungary	First year nursing students (n=354)	To present the differences and similarities in the opinions of nursing students concerning the most frequent difficulties in establishing effective communication, as well as to demonstrate the attitudes, skills and knowledge necessary for interactions with patients from other cultures.	Cross-sectional quantitative; validated questionnaire	Students participating in the research also called attention to the crucial elements of knowledge, skills and the attitudes necessary for effective communication with a culturally different patient. Statistical analysis showed no relation between nationality and cultural competences; however, it is worth noting that among Turkish students, theoretical preparation is listed more often, while Poles placed greater emphasis on developing the appropriate skills and attitudes, and Hungarians placed greater emphasis on developing the appropriate skills and theoretical preparation. Communication is a key factor in contact with culturally different patients: familiarity with foreign language, speak slowly, speak without medical jargon, understanding non-verbal communication. Stereotypes and prejudices among nurses.
Masruroh and Ilmiasih (2017)	Indonesia and Thailand	Nursing students from the Students Exchange Program (n=8, 4 from each country)	To explore deeply the phenomena that will be the focus of investigation within the study which entitled the experiences of student nurses in communication during the cross-cultural learning.	Qualitative descriptive exploratory study- Semi structured interview	Three themes emerged: Barriers in cross-cultural communication, strategies in communication and Factors affecting communication. It is important that nursing programs enable student nurses to become competent in communicating in cross-cultural learning program and that the clinical learning environment provides them with the opportunity to put their learning into practice.
McCarthy et al. (2013)	Ireland	Post-registration BSc nursing studies programme (n=23)	Exploring nurses' experiences of communicating with people from diverse cultures, and focuses on language barriers and the	Qualitative descriptive exploratory study- Semi structured interview	The use of interpreters can inform the assessment process, but there are challenges in accessing and utilising these services. Communicating with people who do not share the same first language is challenging, in particular the participants (nurses) were concerned about their ability to make a comprehensive assessment that ultimately forms the basis for quality care provision. Further

			use of interpreters.		continuing education is required to promote culturally appropriate care.
Norouzinia et al. (2015)	Iran	70 nurses and 50 patients (n=120)	To determine the barriers to nurse-patient relationship from the perspective of nurses and patients.	Cross-sectional quantitative; validated questionnaire	The most and the least important barriers were nurse-related factors and common factors between nurses and patients, respectively. In terms of common factors between nurses and patients, colloquial language, and cultural and gender differences were of high importance; however, priorities were not quite similar between nurses and patients. Patients are also less acceptant of nurses with different languages and cultures (culture has an impact on individuals' attitudes and behaviours). Lack of evaluation of cultural forces operating between patients and nurses, regardless of the country of origin or background in the hospitals. If there is a difference in spoken language, effective communication cannot be established; even non-verbal communication in different cultures may have different interpretations.
Plaza del Pino et al. (2013)	Spain	Nurses in 3 hospitals (n=32)	To ascertain how nurses perceive their intercultural communication with Moroccan patients and what barriers are evident which may be preventing effective communication and care.	Qualitative-focused ethnography; semi-structured interview	Findings from the interviews with nurses in this study were interpreted within the framework of intercultural communication. Relations between the nurses and their Moroccan patients are also marked by prejudices and social stereotypes which likely compromise the provision of culturally appropriate care. The language barrier may compromise nursing care delivery and could be readily overcome by implementation of professional interpretation within the hospital settings. Various barriers, for which we have termed "boundaries", seem to exist preventing effective communication between nurses and their patients. The substantial language barrier seems to negatively affect communication. Moreover, it is essential that the nurses of southern Spain are educated in the provision of culturally appropriate and sensitive care.
Tay et al. (2012)	Singapore	Registered nurses in the inpatient oncology wards (n=10)	To identify the factors that promote, inhibit or both promote and inhibit effective communication between inpatient oncology adults and Singaporean	Qualitative: Semi-structured interviews	Language barriers are significant, particularly between overseas trained nurses and patients who cannot converse in English. Factors that influenced effective nurse–patient communication were found in the characteristics of the patient, the nurse and the environment. While there are common factors influencing communication in all contexts of practice, this study has suggested that

			registered nurses.		a multicultural community such as Singapore presents special challenges in the oncology inpatient setting. Cultural taboos also increase nurses' discomfort when discussing sensitive topics. Additionally, the government's promotion of Singapore as a medical 'hub' increases the cultural and ethnic mix of inpatients.
Taylor et al. (2013)	UK	Healthcare professionals: 7 doctors, 11 nurses, 4 paramedics, 5 receptionists, 3 pharmacists and 4 physiotherapists (n=34)	To investigate healthcare professionals' perceptions of caring for people from ethnic minorities with poor or no English language skills when accessing health care.	Qualitative: Semi-structured interviews	Five main themes were identified in relation to barriers in accessing health care: language; low literacy; lack of understanding; attitudes, gender attitudes and health beliefs; and retention of information. Cross-cultural differences were identified. Participants largely followed an individualistic approach to care, focusing on patient preference, while some ethnic minorities followed a collective approach, relying on family or consulting the interpreter when making decisions.
Vicencio et al. (2015)	Kingdom of Saudi Arabia (KSA)	Nurses (n=307)	To investigate the affective competency of Filipino nurses working in five hospitals of KSA.	Cross-sectional quantitative	The respondents are confident in giving care and fully aware of the cultural background and cultural specific health care that can affect nursing care. The respondents are confident in giving care to patient from a diverse culture. Formal education seminars on transcultural nursing care in addition to training on Arabic Language will help them to communicate more effectively.
Wahabi and Alziedan (2012)	Kingdom of Saudi Arabia (KSA)	10 physicians, 10 nurses (n=20)	To examine the compliance of the healthcare providers in the Pediatrics Emergency Department, in King Khalid University Hospital, with the recommendations of the Pediatrics Asthma Management Protocol (PAMP), and to explore the reasons behind non-adherence.	Mixed-method: 2 parts, a patients' chart review and a qualitative focus group interview;	Communication between parents and nurses is affected by the language barrier because most of nurses in Pediatrics Emergency Department are non-Arabic speakers. A unique finding in this study is the language barrier between the nurses and the patient's parents due to the fact that Arabic is not the first language for most of the nurses in the Saudi health settings. In addition, effective policies should be implemented to improve communication between medical and nursing staff and the patients or their parents including addressing language barriers.

Weber et al. (2016)	United States and Switzerland	Oncology nurses (n=108) and oncologists (n=44)	To survey oncology nurses and oncologists about difficulties in taking care of culturally and linguistically diverse patients and about interests in cross-cultural training.	Cross-sectional quantitative; web-based survey	No differences were found for subgroups based on age, work setting, training, or gender; only the profession was significant. Seven items were judged as more problematic by nurses than by physicians ($p \leq 0.025$). This study's sample validates the relevance of cross-cultural competency training frameworks for oncology. Nurses perceived several difficulties as more problematic than physicians did, and they were significantly more interested in all aspects of training.
Zarzycka et al. (2020)	Poland	Registered nurses from hospitals, clinics, and nursing homes (n=238)	To present preliminary results of a cultural competence assessment of nurses in Poland, based on an adaptation of the NCCS scale, and its connection to the seniority and work experience of nurses in caring for patients of different cultures.	Cross-sectional quantitative; validated questionnaire- Polish version Nurse Cultural Competence Scale (NCCS-P)	The cultural competence of the nurses studied is of a moderate level. The language adaptation shows that the Polish version of the NCCS-P questionnaire for assessing the cultural competence of nurses was understandable for a representative population and meets the psychometric criteria for reliability and accuracy of the tool. The nurses achieved higher values in the fields of cultural awareness and sensitivity, and lower values in the fields of cultural knowledge and skills. The development of nurses' cultural competence is conditioned by care for patients of other cultures and cultural awareness coming with age and professional work experience.

Results

Study Design

Out of the total of 18 articles included in this rapid review, the majority (nine) were qualitative method with semi-structured interview (with one focus ethnography design, one hermeneutic approach), eight were descriptive quantitative method and one mixed-method research.

Study Location

Most of the studies were conducted in Kingdom of Saudi Arabia (6 out of 17). Three were collaborated studies in United States/ Switzerland, Indonesia/ Thailand, and Turkey/ Poland/ Hungary, while the rest were undertaken in other countries such as Poland, Finland, Holland, Ireland, UK, US, Singapore, Spain and Iran, with one study respectively.

Study Variable

All of the studies focused on cross-cultural communication among nurses. All of the studies focused on nurses, either sole sample or combination with another samples. Five studies focused on registered only which covered from general ward, oncology, clinic and nursing home. Two studies focused solely on Filipino nurses working overseas and another two studies highlighted on expatriate nurses working in the respective country. Six studies combined nurses with other healthcare workers (pharmacists, paramedics, physiotherapists, physicians), patients

and relatives. Three studies focused on nursing students, namely first year nursing students, the exchange programme nursing students from overseas and post-registration nursing students. We included nursing students in our rapid review due to the fact that nursing students are actively involved in the directly nursing care to gain more insight of their clinical experiences in cross-cultural nursing, whether or not transcultural nursing was part of their curriculum. By understanding nursing students experiences in cross-cultural communication will shape new insight in our current rapid review.

Professional Areas

Majority of the studies' outcome contributed to clinical perspectives (15 out of 18). Out of the said 15, two studies focused on oncology and one study was done attentively in Paediatric Emergency Department to enhance the Asthma Management Protocol (AMP) due to low compliance among healthcare providers in AMP. The rest of three studies contributed to nursing education which involved nursing students from conventionally route, post-registration nursing students and the exchange programme nursing students in overseas.

The full list of the studies selected for inclusion in this rapid review is tabulated in Table 2, which including the author(s), study location, sample of the study, study purpose(s), study design and the findings of the study.

Synthesis

All studies were analysed numerous times to obtain the overall sense of the data and findings presented. In our synthesis, content that stood out as meaningful and significance to our objective was identified and utilised as the basis of the themes' formation as below. This rapid review has recognized six key themes focusing on cross-cultural communication among nurses: (1) cultural diversity and communication, (2) cultural conflicts and miscommunication, (3) attitudes towards patients, (4) needs of cross-cultural training, (5) self-efficacy in cross-cultural communication and (6) cross-cultural communication and patient safety.

Cultural diversity and communication

Cultural diversity affects standards of care. Communication is a key factor in contact with culturally different patients. Establishing communication with patients is the basis of cultural safety in healthcare (Lesińska-Sawicka et al., 2019). Nurses who were culturally competent attempted to learn and use key words and colloquialisms of the languages used by the patients and families served (Inocian et al., 2015). Qualitative studies conducted by Almutairi et al. (2015) and Taylor et al. (2013) used semi-structured interviews with participant nurses, exploring the impact of cultural diversity on standards of patient care. The studies concluded that nurses whose cultural backgrounds differed from those of their patients faced a communication incongruence that could lead to misunderstanding. In turn, this could result in a breakdown of patient care (Almutairi et al., 2015; Taylor et al., 2013). An Iranian study by Norouzinia et al. (2015) used a cross-sectional, descriptive analytic study conducted on 70 nurses and 50 patients. The results reported that native patients were less accepting of nurses from different cultures; this reduced effective communication and affected the services delivered to patients negatively. Lesińska-Sawicka et al. (2019) also reported that stereotypes and prejudices among nurses occurred if cultural sensitivity was ignored. Zarzycka et al. (2020), on the other hand reported that the cultural competence of the nurses studied is of a moderate level. Their findings shown that the nurses achieved higher values in the fields of cultural awareness and sensitivity, but ironically lower values in the fields of cultural knowledge and skills. Culture has an impact on individuals' attitudes and behaviors. Patients are also less acceptant of nurses with different languages and cultures (Norouzinia et al., 2015). However, the development of nurses' cultural competence is conditioned by care for patients of other cultures and cultural awareness coming with age and professional work experience

(Zarzycka et al., 2020). Familiarity with foreign language, speak slowly, speak without medical jargon, understanding non-verbal communication (Inocian et al., 2015; Lesińska-Sawicka et al., 2019). In addition, utilize various methods of communication, including written, verbal, pictures, and diagrams, which will be most helpful to the patients, families, and other program participants (Inocian et al., 2015).

Cultural conflicts and miscommunication

In contrary, cultural conflict was revealed in a study by Almutairi et al. (2015). They had indicated that the barriers to the competence process were ethnocentric viewpoints, inadequate educational preparation, limited Arabic language skills, and the need to rely on a third party to convey health care messages. In the palliative phase of cancer, De Graaff et al. (2012) used a descriptive qualitative method to gain insight into the factors that influenced communication between health providers in Holland, Turkish and Moroccan immigrants. This study found that miscommunication between patients, nurses and doctors was based on differing cultural backgrounds. Language problems and a triangular form of communication between patients, health care providers and relatives were onerous and complicated interaction among stakeholders (De Graaff et al., 2012; Hemberg & Vilander, 2017). Language barriers caused anxieties about nurses' capability to conduct the assessment that forms the basis of quality health care. The language barriers also limited important conversations about pain management between nurses and clients. Incorrect pronunciation and using figurative language could prevent effective communication between nurses and patients (McCarthy et al., 2013). Research also identified that racial/ethnic minorities reported lower contentment with care than did their Dutch counterparts; one suggested strategy to address this disparity was to consider the patients' cultural needs (De Graaff et al., 2012). An affirming presence as essential for sharing suffering in communion, especially when the patient and the nurse do not speak the same language (Hemberg & Vilander, 2017). Creative courage as fundamental for cultural competence and communication in a caring relationship and continuous information as vital for establishing trust within a cultural and caring relationship (Hemberg & Vilander, 2017). McCarthy et al. (2013) in their findings using a qualitative descriptive approach to investigate communication obstacles observed by nurses and clients from disparate cultures in Ireland. The nurses in the study declared they encountered difficulties in communicating with patients who did not speak the same language.

Attitudes towards patients

A Singaporean study undertaken by Tay et al. (2012) explored the factors affecting efficient communication between Singaporean nurses and adult oncology clients. A semi-structured interview method was used with 10 registered nurses. The authors found that patient, nurse and environmental factors all influenced effective communication. Moreover, respondents indicated that the cultural backgrounds of their patients affected their attitudes and behaviours towards their patients (Tay et al., 2012). Although this study revealed some significant findings, there are still subtle variations across different researchers' interpretations. Cultural taboos also increase nurses' discomfort when discussing sensitive topics (Tay et al., 2012). Some nurses mentioned challenges when integrating culturally competent health care in clinical practice as originating from other nurses who did not respect and understand other cultural beliefs (Hart & Mareno, 2014). Nurses must become culturally aware practitioners who can engage in effective cross-cultural communication. Interestingly, Plaza del Pino et al. (2013) conducted a qualitative study of 32 nurses in three hospitals in southern Spain to identify how nurses perceived their communications with Moroccan patients and which factors precluded active communication and care. The findings identified several hurdles inhibiting successful communication among nurses and their clients, including customs and religious beliefs. The findings suggested that some nurses who treated clients based on the nurses' religion created major obstacles to achieving closer relationships (Plaza del Pino et al., 2013).

As this study illustrated, unfamiliarity with another religion is an obstacle in communicating with foreign patients. However, this study was done among ethnically homogeneous nurses treating Moroccan patients who represent an ethnic minority that is not representative of the dominant culture. Study recognised that culture can affect one's attitudes and behaviours. Using a qualitative descriptive approach with 23 participants, McCarthy et al. (2013) affirmed that developing a therapeutic relationship with people of a different culture is important for providing competent nursing care. Despite the significant results, the participants were student nurses and these findings may not be generalisable to experienced nurses.

Needs of cross-cultural training

Weber et al. (2016) in their web-based survey in the United States and Switzerland on oncology nurses (n=108) and oncologists (n=44) about difficulties in taking care of culturally and linguistically diverse patients and about interests in cross-cultural training. Similar recommendation also revealed by few studies (Alsulaimani, 2014; Almutairi et al., 2015; Tavallali et al., 2013; Vicencio et al., 2015), indicated that formal education seminars on transcultural nursing care in addition to training on Arabic Language will help nurses to communicate more effectively to increase the adherence of parents with asthmatic children. Weber et al. (2016) validated the relevance of cross-cultural competency training frameworks for oncology field. Nurses were significantly more interested in all aspects of training. Nurses also perceived several difficulties as more problematic than physicians did. This discrepancy may be because nurses are more critical of themselves or have higher expectations of themselves than physicians do, perhaps because they are often more familiar with cross-cultural care Weber et al. (2016). Masruroh and Ilmiasih (2017) argued that it is important that nursing programs enable student nurses to become competent in communicating in cross-cultural learning program, and that the clinical learning environment provides them with the opportunity to put their learning into practice.

Self-efficacy in cross-cultural communication

Effective communication in nursing practice requires excellent communication skills, including the proper attitude and knowledge to care for patients of different cultural backgrounds (Almutairi et al., 2015; Alsulaimani et al., 2014; Alsulaimani, 2014). The level of confidence of the nurses regarding the health history and interview were found to be different on the work setting and department profiles (Alsulaimani et al., 2014). Self-efficacy is better among nurses who were confident in cross-cultural communication. A study among Filipino nurses working in Kingdom of Arab Saudi revealed that they were having higher self-esteem. The nurses were very confident to discuss with the patient their practice of religion and beliefs and they can easily extract information from the patient about these topics (Alsulaimani, 2014).

Cross-cultural communication and patient safety

A UK study conducted by Taylor et al. (2013) interviewed 34 hospital nurses to determine the impact of cultural diversity on patient care safety and quality. All participating nurses agreed that the disempowerment produced by language barriers and cultural deficits weakened patient safety. Similarly, a Saudi study conducted by Vicencio et al. (2015) used quantitative descriptive and evaluative approaches to identify how Filipino nurses' understanding of Saudi traditions, cultural beliefs and language affected patient care. This study utilised a random sampling technique to recruit Filipino nurses (n = 307). The study concluded that nurses might impose their culture on local patients, which lessens the standard of health care and endangers patient safety. This indicates the importance of cultural communication knowledge and skills in nursing. Each nation's culture values different aspects of individuals or societies. When nurses understand their patients' cultural backgrounds, they can provide better care and support, avoiding misunderstandings with patients and their families. Barriers to communication among patients and nurses can cause avoidable errors, such as inadequate care, discomfort, pain and even death (Almutairi, 2015). Possible barriers

to active nurse–patient communication in health care environments can involve traditions and cultural beliefs, gender, language and accent, and spiritual and religious background (Alsulaimani, 2014; Almutairi, 2015). Alsulaimani (2014) conducted a quantitative, descriptive study in Taif City (Saudi Arabia) to determine foreign nurses' (n = 307) understanding of Saudi traditions, cultural beliefs and spiritual background and how this affected patient health care. Alsulaimani determined that these nurses lacked knowledge about the various Muslim beliefs and spiritual practices. Despite the significant findings from Alsulaimani's study, the research did not address the communication barriers among expatriate nurses and Saudi patients. Likewise, Norouzinia et al. (2015) noted, in their cross-sectional study piloted in Iran, that according to cultural and religious beliefs, nurses are not permitted to look at or touch clients of the opposite sex, except in emergency cases. This in turn will intensify the patient safety issues if both nurses and patients are from different genders. On the other hand, Wahabi and Alziedan (2012) studied how language differences affect communication regarding asthma management. The respondents in this study faced difficulties in instructing Saudi patients such as instructions for using inhalers. In this study, undertaken in King Khalid University Hospital in Riyadh, all the nurses (n = 20) were non-Arabic speakers. Therefore, communication competency is essential for every expatriate nurse working in Saudi Arabia.

Discussion

This rapid review included 18 articles that assessed the cross-cultural communication among nurses in the patient care. All 18 articles were selected according to inclusion criteria. The data obtained from this rapid review was ultimately classified into six themes: cultural diversity and communication, cultural conflicts and miscommunication, attitudes towards patients, needs of cross-cultural training, self-efficacy in cross-cultural communication, and cross-cultural communication and patient safety.

It is important understanding to the area of patient and nurse safety in a multicultural environment and theoretical development to the field of cultural competence (Inocian et al., 2015; Lesińska-Sawicka et al., 2019). The mainstream of health workers in the hospital who were expatriate nurses (Filipinos and Indians) showed competence in providing culturally related nursing care (Inocian et al., 2015). Participants largely followed an individualistic approach to care, focusing on patient preference, while some ethnic minorities followed a collective approach, relying on family or consulting the interpreter when making decisions (Taylor et al.; 2013). Barriers in communication between patients and health care workers often cause unnecessary errors, excess pain, poor quality care, and even death (Almutairi et al., 2015). Interestingly, a lack of understanding in some areas was more common among first-generation ethnic minorities (Taylor et al., 2013). Lesińska-Sawicka et al. (2019) also reported that in their study, the greatest obstacle in establishing effective communication in transculturally different patient was lacking of familiarity with the language. Thus, it led to stereotypes and prejudices among nurses occurred if cultural sensitivity was ignored. Zarzycka et al. (2020), on the other hand reported that in the area of cultural sensitivity, the highest value determined was for the ability to tolerate beliefs or behaviour of various cultural groups regarding health/illness. In terms of common factors between nurses and patients, colloquial language, and cultural and gender differences were of high importance (Norouzinia et al., 2015). Nurses within this culturally diverse environment struggled with the notion of cultural competency (Inocian et al., 2015; Lesińska-Sawicka et al., 2019). Through establishing an appropriate verbal communication, the nurse could thoroughly understand the patient's problems (Norouzinia et al., 2015). In addition, the gap of their individual assessment on cultural competence suggests that some sort of disconnect often occurs in clinical setting because of cultural mismatch between them and patients (Inocian et al., 2015).

Cultural conflict was reported in a study by Almutairi et al. (2015). They had indicated that the barriers to the competence process were ethnocentric viewpoints, inadequate educational preparation, limited Arabic language skills, and the need to rely on a third party to convey health care messages. Enhancers of competence were the recognition of a common humanity, an appreciation of the value of another's culture, and a desire to learn more about it (Almutairi et al, 2015). Nurses' presence with patients is a very important part of caring with the potentiality to alleviate suffering (Hemberg & Vilander, 2017). In the critical phase of cancer palliative care, De Graaff et al. (2012) emphasized that the communication mostly took the form of a 'triad', that is, triangular communication between the care provider, the patient and a close relative who helped to resolve language problem. Hence, it is essential for nurses to respect the patient's integrity but also to acquire knowledge in order to improve their cultural competence (Hemberg & Vilander, 2017). It is important that nurses always impartially explain for patients which caring actions are planned and the results aimed at (Hemberg & Vilander, 2017), and this help to eliminate unnecessary cultural conflicts.

Effective cross-cultural communication between nurses and patients is imperative for safe, high-quality health care services (Tay et al., 2012). Clear and assertive communication create rapport and earn a patient's trust. In foreign countries, expatriate nurses' languages and accents differ from those of the native local patients, impairing the nurses' abilities to communicate efficiently with their clients. The chance of a misunderstood message increases when the nurse and the patient speak different languages (Hart & Mareno, 2014), and this will change the nurses' attitudes towards patients. Cultural taboos also increase nurses' discomfort when discussing sensitive topics (Plaza del Pino et al., 2013; Tay et al., 2012) and will further escalate nurses' attitudes towards patients.

The need of cross-cultural training was highlighted in many studies. Nurses also perceived several difficulties as more problematic than physicians did because nurses are more critical of themselves or have higher expectations of themselves, perhaps because they are often more familiar with cross-cultural care Weber et al. (2016). Due to lacking formal education on transcultural nursing they are being affected by the perceived cultural belief and practices of patient with diverse culture (Alsulaimani et al., 2015). Similar recommendation also revealed by few studies (Tavallali et al., 2013; Vicencio et al., 2015), indicated that formal education seminars on transcultural nursing care (Alsulaimani, 2014; Almutairi et al., 2015) in addition to training on languages will help nurses to be more assertive in the communication. Nurses in oncology wards were significantly more interested in all aspects of training as reported in study by Weber et al. (2016). It is timely that nursing programs enable student nurses to become competent in cross-cultural communicating in their learning program (Alsulaimani et al., 2015; Masruroh & Ilmiasih, 2017). Conversely, that the clinical learning environment provides them with the opportunity to put their learning into practice, Masruroh and Ilmiasih (2017) argued that.

Self-efficacy is better among nurses who were confident in cross-cultural communication (Alsulaimani, 2014). The more knowledge a nurse has about a specific culture, the more accurate and complete the cultural assessment will be. The nurses' experiences indicated that some of them used critical thinking skills and tried to apply their cultural knowledge when they examined their patients (Almutairi et al., 2015) and this enhance their confidence and self-efficacy in daily patient care. The strength of self-efficacy perceptions of the nurses within the practical constructs were religious practices and beliefs, religious background and identity, aging, educational background and interest and level of English comprehension (Alsulaimani, 2014). Study by Alsulaimani et al. (2015) revealed that the Filipino Nurses perceived themselves with high self-efficacy in cognitive competencies. However, because of lacking formal education on transcultural nursing they are being affected by the perceived cultural belief and practices of patient with diverse culture, for the know that this will affect the

care to be given to them. The demands of life are not constant, so self-esteem levels will fluctuate depending on one's personal life.

Impact of cultural diversity on patient care safety and quality gained wide attention in many studies, too. Patient safety events that can result from the failure to address culture, language, and health literacy include diagnostics errors, missed screenings, unexpected negative responses to medication Alsulaimani (2014; Vicencio et al. (2015). In addition to affecting medical errors and harms directly, cultural incompetence does give effect on patient engagement. When nurses understand their patients' cultural backgrounds, they can provide better care and support, avoiding misunderstandings with patients and their families. Barriers to communication among patients and nurses can cause avoidable errors, such as inadequate care, discomfort, pain and even death (Almutairi, 2015). Likewise, Norouzinia et al. (2015) noted, in their cross-sectional study piloted in Iran, that according to cultural and religious beliefs, nurses are not permitted to look at or touch clients of the opposite sex, except in emergency cases. This in turn will intensify the patient safety issues if both nurses and patients are from different genders. Likewise, Wahabi and Alziedan (2012) mixed-method research studied that communication between parents and nurses is affected by the language barrier because most of nurses in Paediatric Emergency Department are non-Arabic speakers.

Conclusion

Cross-cultural communication and language barriers reduce the quality of care and patient safety. Cultural insensitivity and language barriers could expose clients to risks due to miscommunication and how nurses and expatriate nurses are often unable to extract patients' clinical symptoms. This rapid review was conducted in in a small scale with only two databases involved. However, our preliminary synthesis and findings implying that this is a global issue involving Eastern and Western landscape. Needless to say, achieving effective communication with patients requires an understanding of their social and cultural contexts in addition to their personal, professional and organizational contexts.

Limitations

The limitations of this rapid review include lacking of access to full content of some articles and shortage of the required resources in Malaysia databases, especially pertaining to cross-cultural communication studies in the local context.

Conflicts of Interest

The authors declare that they have no conflicts of interest.

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