**Development of a Cross-Cultural Competence Health Care Model for Filipino Nurses**

**ABSTRACT**

**Background:** Cross Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care. The society has become a global village or multicultural in nature and modern societies are multicultural in themselves encompassing a multitude of varying ways of life and lifestyles. Because of the impact of globalization on cultural diversity, hospitals need to prepare their staff on the implications of globalization and nurses need to understand the true importance of cultural diversity in nursing practice.

**Purpose**: The aim of study focus on determining Filipino Nurses' clinical cultural competence and develop a cross-cultural healthcare model that can be utilized in diverse healthcare settings.

**Methods:** The investigation utilized a quantitative research approach. A total of 270 staff nurses who participated in the study. The study conducted at tertiary hospital in the Philippines.

**Result:** The study shows level of cultural competence of the participants, the highest among its indicators are cross cultural attitude with 4.35, followed by cultural awareness with 4.34; cultural comfort with 4.27; cultural knowledge with 4.23; and cultural skills with 4.21.

**Conclusion:** The study concluded that training and seminars that focused on cultural competence must be prioritized in different healthcare institutions. This is for the beginning nurses to become familiar with the adjustments and situations they may encounter in handling patients with different cultural backgrounds.

***Keywords:*** *Cross cultural competency, Filipino Nurses, health care providers*

**BACKGROUND**

Cross Cultural competence is widely seen as a foundational pillar for reducing disparities through culturally sensitive and unbiased quality care. Filipino nurses globally are reliable, compassionate, and caring different age group with respect and sensitivity. (Cal, 2018). Many of them believe that Filipino values imply behavioral tendencies and are frequently referred to as features, but these are not merely cultural preferences, but also standards of virtue and a measure of one's character. Because of the impact of globalization on cultural diversity, hospitals need to prepare their staff on the implications of globalization and nurses need to understand the true importance of cultural diversity in nursing practice.

In the Philippine context, cross-cultural competence concerns recognizing one’s cultural values and beliefs in conjunction with the cultures of others. It also has a profound effect on each individual’s health-related values, perceptions, and behaviors and affects patient care. The inability of healthcare institutions to provide culturally sensitive clinical care to patients with diverse cultures, beliefs, and behaviors has been coupled with positive healthcare outcomes (Jongen, et al., 2018). Cross-cultural competence is a vital skill to be developed in the nursing profession. It enables nurses to provide high quality nursing care to groups with different cultural backgrounds (Deering, 2022).Nurses who give care to multicultural patients must be able to recognize and respect other cultures and values, as well as deliver meaningful care to patients of many cultures via successful interactions. Nair,(2019). Cultural competency is essential in addressing cultural barriers that affects patient outcome. Effective communication to patient cultural background will help to provide culturally congruent care which provide care with sensitivity to patient. Handtake, et,.al.(2019

**OBJECTIVE:** The aim of study focus on determining Filipino Nurses' clinical cultural competence and develop a cross-cultural healthcare model that can be utilized in diverse healthcare settings.

**2.0 Methodology**

**2.1.Research Design**

This investigation utilized a quantitative research design. Thus, the researcher collects and analyzes the quantitative data.

**2.2. Participants of the Study**

This study selected 270 nurses from one hospital A in Caloocan, Metro Manila. A sample size of 169 was obtained from a population size of 300, for hospital B which is located in Quezon City, Metro Manila which was selected a total of 109 from a population size of 150 both sample computers separately with the use of a margin of error of 5%, confidence level of 95%, and

**2.3.Instrumentation**

The study utilized the following data gathering tools, in which Cross-Cultural Competence for health care Professional Instrument is standardized.

**Part 1 – Demographic Profile**

This part is a research-made questionnaire based on a literature review and research design. It consists of the staff nurses’ age, gender, religion, ethnicity, educational qualification, year graduated, length of service, and continuing education in transcultural nursing.

**Part 2 – Quantitative data**

The researcher utilized a standardized tool titled Cross-cultural Competence for Healthcare Care Providers developed by Bernhard (2015). It was originally used in Germany but it was translated into English and Finish by authors. The tools also have been used in Asia evaluating cross-cultural competency in Japan. The researcher asked permission from the authors and responded through email which allowed the author to use the standard instrument.

In terms of reliability, the total instrument demonstrated internal consistency with a Cronbach's α coefficient of .87. Additionally, the individual dimensions exhibited varying levels of internal consistency, with Cronbach's α values ranging from .54 to .84. Furthermore, the instrument's ability to discriminate between predefined groups was evident, as statistically significant mean differences in CCCHP subscale scores were observed. These properties indicate that the CCCHP instrument is a robust and reliable tool for assessing healthcare providers' cultural competence.

**2.4.Data analysis**

*Mean.* This will be used to determine the level of cultural competence of nurses in terms of cross-cultural motivation/curiosity, cross-cultural attitude, cross-cultural skills, cross-cultural emotion/empathy, and cross-cultural knowledge.

The data collected was tabulated, analyzed, interpreted, and summarized using both descriptive and inferential statistics. Descriptive statistics, like mean, and standard deviation were used to summarize the demographic profiles and level of cultural competency.

**3.0.RESULTS**

This chapter presents the gathered data in tabular and graphical form based on the study’s problem statement with their corresponding analysis and interpretation.

**Table 1.** Cultural Competence of the Respondents in terms of Cultural Knowledge

|  |  |  |
| --- | --- | --- |
| **Cultural Knowledge** | **Mean** | **Verbal Interpretation** |
| 1. Demographics of diverse racial and ethnic groups | 4.24 | Very High Level |
| 2. Socio-cultural characteristics of diverse racial and ethnic groups | 4.11 | High Level |
| 3. Health risks experienced by diverse racial and ethnic groups | 4.30 | Very High Level |
| 4. Health disparities experienced by diverse racial and ethnic groups | 4.20 | Very High Level |
| SOCIO-CULTURAL issues in |  |  |
| a. Health Promotion/Disease Prevention | 4.14 | High Level |
| b. Reproductive Health/Pregnancy | 4.28 | Very High Level |
| c. Child Health | 4.25 | Very High Level |
| d. Adolescent Health | 4.24 | Very High Level |
| e. Adult Health | 4.28 | Very High Level |
| f. Geriatrics | 4.22 | Very High Level |
| g. Women’s Health | 4.27 | Very High Level |
| h. Ethnopharmacology  (variations in medication responses in diverse ethnic populations) | 4.24 | Very High Level |
| i. Different Healing Traditions (Ayurvedic Medicine, Traditional Chinese Medicine) | 4.21 | Very High Level |
| j. Historical and contemporary impact of racism, bias, prejudice and discrimination in healthcare experienced by various population groups in Germany | 4.22 | Very High Level |
| **Total** | **4.23** | **Very High Level** |

Table 1 presents the cultural competence of the respondents in terms of cultural knowledge wherein majority of the participants scored very high level among the indicators. The results indicate that the participants got very high level of cultural competence in terms of cultural knowledge. The findings imply that the participants have very good understanding and awareness of various cultural practices, traditions, and beliefs, encompassing information on cultural norms and customs. The results of the study were supported by previous studies by Paric et al. (2019) who suggested ensuring cultural competency in nursing education

*Table 2.Cultural Competence of the participants in terms of cultural**awareness*

|  |  |  |
| --- | --- | --- |
| ETHNICITY | Mean | Verbal Interpretation |
| a. Racial, ethnic or cultural identity | 4.33 | Very Much Aware |
| b. Racial, ethnic or cultural stereotypes | 4.34 | Very Much Aware |
| c. Biases and prejudices | 4.36 | Very Much Aware |
| **Category Mean** | **4.34** | **Very Much Aware** |

Table.2 presents the cultural competence of participants in terms of cultural awareness wherein the category mean is 4.34 interpreted as “very much aware” The highest among the indicators is *biases and prejudices* with 4.36; followed by *racial, ethnic or cultural stereotypes* with 4.34; and *racial, ethnic or cultural identity* with 4.33. The data implies that the participants’ are very much aware in recognizing different cultural perspectives, and they understand the impact of culture on behaviors and beliefs, and they are open to learn about other cultures. Indeed, cultural awareness, diversity, and inclusivity in nursing strive to combat differences in healthcare that lead to worse health outcomes for disadvantaged racial and ethnic groups (Luu, 2021). In contrast, an increased awareness about sociocultural components of illness as well as reflecting on a healthcare professional’s own strengths and weaknesses when communicating with different populations are seen as a key to overcoming different communication difficulties (Tsai & Cheng, 2010).

*Table 3 Cultural competence of the participants in terms of cultural attitude.*

|  |  |  |
| --- | --- | --- |
| Cultural Attitude | Mean | Verbal Interpretation |
| a. Genetics | 4.35 | Positive Attitude |
| b. Lifestyle | 4.35 | Positive Attitude |
| c. Environment | 4.24 | Positive Attitude |
| d. Poverty | 4.30 | Positive Attitude |
| e. Educational Status | 4.28 | Positive Attitude |
| f. Illiteracy | 4.47 | Positive Attitude |
| g. Ageism | 4.41 | Positive Attitude |
| **Category Mean** | **4.36** | **Positive Attitude** |

Table.3 shows the cultural competence of the participants in terms of cultural attitude wherein the total category mean is 4.35 which is interpreted with positive attitude towards cultural competence. The data imply that the beliefs, values and perceptions of the participants toward different cultures is positive, and the participants are willing to understand and respect the cultural beliefs, attitudes and values of other cultures.

*Table 4.attitudes of the participants towards interactions with the following people.*

|  |  |  |
| --- | --- | --- |
| People | Mean | Verbal Interpretation |
| a. Patients | 4.28 | Positive Attitude |
| b. Health Professional colleagues | 4.30 | Positive Attitude |
| c. Residents, Medical Students | 4.34 | Positive Attitude |
| d. Staff | 4.36 | Positive Attitude |
| **Category mean** | **4.32** | **Positive Attitude** |

Table 4 presents the attitudes of the participants towards their interactions with the patients, health professionals, residents, medical students, and staff. It could be gleaned from the table that the total category mean is 4.32 interpreted with positive attitude. The data shows that the participants’ attitude towards other people is positive. This means that the participants value the beliefs, and perceptions of nurses towards other members of hospital, patients, staff are interpreted as positive which can impact their cultural competence. The studies of Mead (2018) found that the a positive interaction of nurses towards patients, families, other hospital staff can significantly influence the quality of care and autonomy of patients in decision making. The negative attitude and interaction of nurses and patients can affect the quality of nurse-patient interaction and communication which becomes detrimental to the quality of care.Cerio,(2020).

*Table 5 Cultural Competence of the participants in terms of Cultural Skills*

|  |  |  |
| --- | --- | --- |
| Cultural Skills | Mean | Verbal Interpretation |
| 1. Greeting patients in a culturally sensitive manner | 4.20 | Very High Level |
| 2. Eliciting the patient’s perspective about heath and illness (etiology, name, treatment, course and prognosis) | 4.14 | High Level |
| 3. Eliciting information about use of folk remedies and/or other alternative healing modalities | 4.26 | Very High Level |
| 4. Eliciting information about use of folk healers and/or other alternative practitioners | 4.22 | Very High Level |
| 5. Performing a culturally sensitive physical examination | 4.22 | Very High Level |
| 6. Prescribing/negotiating a culturally sensitive treatment plan | 4.25 | Very High Level |
| 7. Providing culturally sensitive patient education and counseling | 4.16 | High Level |
| 8. Providing culturally sensitive clinical preventive services | 4.15 | High Level |
| 9. Providing culturally sensitive end of life care | 4.31 | Very High Level |
| 10. Assessing health literacy | 4.23 | Very High Level |
| 11. Working with medical interpreters | 4.24 | Very High Level |
| 12. Dealing with cross-cultural conflicts relating to diagnosis/treatment | 4.23 | Very High Level |
| 13. Dealing with cross-cultural adherence/compliance problems | 4.20 | Very High Level |
| 14. Dealing with cross-cultural ethical conflicts | 4.17 | High Level |
| 15. Apologizing for cross-cultural misunderstandings or errors | 4.20 | Very High Level |
| **Category mean** | **4.21** | **Very High Level** |

1. In terms of cultural skills of the respondents, Table 5 presents that *Providing culturally sensitive end of life care* got a highest mean of 4.31 while *Eliciting information about use of folk remedies and/or other alternative healing modalities* got 4.26; *Prescribing/negotiating a culturally sensitive treatment plan* with 4.25; and *Working with medical interpreters* with 4.24. In the study of NurseOrg (2020) it was emphasized that the current tendency in healthcare is to accommodate personal and cultural preferences. Nurses must respond with knowledge and transparency. Markey,et.al. (2019).Nurses may help foster this trend of respecting individual choices and views, even when people are not completely aware of them, by adding three strategies to make these encounters smoother and more successful: awareness, acceptance, asking, and moving forward. Covell,(2018)
2. *Table 6. Cultural Competence of the participants in terms of Cultural Comfort*

|  |  |  |
| --- | --- | --- |
| Cultural Comfort | Mean | Verbal Interpretation |
| 1. Caring for patients from culturally diverse backgrounds | 4.24 | Very Comfortable |
| 2. Caring for patients from culturally diverse backgrounds | 4.21 | Very Comfortable |
| 3. Caring for a patient who insists on using or seeking folk healers or alternative therapies | 4.20 | Very Comfortable |
| 4. Identifying beliefs that are not expressed by a patient or caregiver but might interfere with the treatment regimen | 4.29 | Very Comfortable |
| 5. Being attentive to nonverbal cues or the use of culturally specific gestures that might have different meanings in different cultures | 4.26 | Very Comfortable |
| 6. Interpreting different cultural expressions of pain, distress, and suffering | 4.25 | Very Comfortable |
| 7. Advising a patient to change behaviors or practices related to cultural beliefs that impair one’s health | 4.20 | Very Comfortable |
| 8. Speaking in an indirect rather than a direct way to a patient about his/her illness if this is more culturally appropriate | 4.34 | Very Comfortable |
| 9. Breaking "bad news" to a patient's family first rather than to the patient if this is more culturally appropriate | 4.30 | Very Comfortable |
| 10. Working with health care professionals from culturally diverse backgrounds | 4.30 | Very Comfortable |
| 11. Working with a colleague who makes derogatory remarks about patients from a particular ethnic group | 4.36 | Very Comfortable |
| 12. Treating a patient who makes derogatory comments about your racial or ethnic background | 4.29 | Very Comfortable |
| **Total Category Mean** | **4.27** | Very Comfortable |

The table 5. presents the participants’ cultural competence in terms of cultural comfort which showed overall category mean of 4.27 which has a descriptive interpretation of very comfortable. The data implies that the participants experience a feeling of comfort or the participants feel comfortable working with other cultures of diverse backgrounds. Providing cultural sensitive in patient care promote comfort for the patient. Salinda,et.al.(2021). The training program for nurses that enhance mental care provides also comfort for nurses which is important aspect in decision making of nurse. McDonald,et.al.(2021)

**4.0.DISCUSSION**

Nursing is pivotal to reduce healthcare disparities. Lack of caring contributes to health disparities and since caring is central to nursing, it makes the nursing profession best suited to address issues of cultural competence (Smith, 2017). Filipino nurse known globally as compassionate caring nurse. Hence there are challenges which they are facing with in their work, the wellbeing of nurses is also important as they treat and assist the needs of the patients due to having a different cultural background and if there is adequate cultural competence present among the healthcare providers like nurses, they may be able to experience positive perceptions and enables them to thrive and achieve their full potential and feel fulfilled in accomplishing their responsibilities (Dayrit, et al., 2018).

The needs to address cultural sensitivity to patient care, enhancing more with knowledge and awareness toward diverse patient and promote collaboration with other health care team. Deniasi,(2017).Collaborative relationships between the patients and nurse in which care is culture-specific can promote patient-centered care that includes culturally competent nursing care as an integral part of their overall care. This caring, relationship-based nursing approach can lessen health disparities by integrating worldview of the patient into an individualized and holistic plan of care .Lin, (2020).

Nursing as a caring profession, respects the rights of all person to have access to quality healthcare that is congruent with their cultural beliefs, values, and customs. The cultural competence of nurses related to disparities is lead to effort in providing and evaluating the effectiveness of the feelings of nurses as they encounter different patients with diverse cultural backgrounds. Chae, (2018). Hence challenges are facing by Filipino nurses which encounter in the area, this include communication barriers, addressing immediate patient concern and challenge in health teaching. First, Barriers in communication must address because this serve as gap between the nurse and patient. Communication is important aspect in assessment, this is also helpful in the creation of health care plan and important aspect of partnership. Second, as nurse it is import to assess immediate concern of patient through this it will beneficial in attending patient’s needs. Delaying the health care might put patient danger situation. As nurse it, providing care in fast and organize manner. ).And Lastly challenges in health teaching must address because one main roles of nurse is advocate of care. Encouraging patient to be partner creating health care plan. Providing health teaching is essential not only to the patient but also to patient family member. Despite challenges the nurse find ways to be happy and fulfilled when rendering care to the patient. Caring for patients with other diverse backgrounds may have sense of fulfillment that affects physical and mental health, social health and spiritual health. The happiness and joy in serving patient give strength and meaning to their work, professional satisfaction, and engagement in their jobs Butler, et al., (2016).

Cultural competence is a fundamental skill for nurses in delivery culturally congruent care and it represent the process by which nurses demonstrate an understanding of and sensitivity to the cultural background of their patients. Salinda,et.al. (2020). The model for Cross cultural competence for Filipino nurses provide guide to address unique patient needs and execute the delivery of care base on patient’s needs. The cultural competence of nurses related to disparities is lead to effort in providing and evaluating the effectiveness of the feelings of nurses as they encounter different patients with diverse cultural backgrounds. Decision making pertaining to the Problems arise like language and cultural issues are recognized as a threat to patients’ safety in hospitals .Johnstone & Kanitsaki, (2019). Thus, this finding suggests that nurses with inadequate cultural competence must undergo training and seminars to acquire adequate knowledge, skills, and attitudes as they handle and assist patients with diverse cultural background. Kim, et al., (2019). The role of nurse in patient care is important, nurse must adequately prepared for their roles in terms providing culturally congruent care to patients. Moreover, Naeimeh (2022) has expressed concerns about the lack of formal training and inadequate preparation of nurses for their job positions. To improve the quality of care and enhance their cultural competence, it may be helpful to observe effective intervention strategies on the experienced nurses and study their feedback.

The outcome on how nurse portray their roles have impact in providing cross cultural competency. Providing culturally congruent care to clients with diverse cultures has become a crucial aspect of healthcare service and educational programs, designed to meet the needs of families, individuals, communities and populations from culturally diverse background (Liang, et al., 2019). Although the ultimate aim of nursing should be to provide a caring service that respects people’s cultural values and lifestyles, it is also influenced by nurses’ own values, beliefs, and customs since they have their own cultures that are different from patients. Therefore, the nurses self-awareness can be the starting point to understand the patient’s culturally and master the skill of providing culturally competent care Cho, (2019). It involves associating differences and similarities between cultures and relates them to caring values and life practices in order to assist the individual’s care needs and promote culturally congruent care .Chae, et al.,( 2020).

Filipino nurse attributes which stand globally are cross cultural empowerment which provide empowerment to their patient showing genuine partnership. Most of the patient tends to lose hope during hospitalization but Filipino nurse uphold the values to empower patient. cross cultural communication said to one strength of nurse globally, Nurses are good communicator despite language barriers, it said find ways in providing essential information. The Filipino nurse is trained to be good in verbal, non-verbal and therapeutic communication. Filipino nurse also well be collaborative both to the health care provider and the patient and lastly congruent care are one of major attribute of Filipino nurses, giving care base on their patients, beliefs and values, giving meaningful experience for the patient during hospitalization.

A screenshot of a computer

AI-generated content may be incorrect.

**5.0. Conclusion**

The study concluded that training and seminars that focused on cultural competence must be prioritized in different healthcare institutions. This is for the beginning nurses to become familiar with the adjustments and situations they may encounter in handling patients with different cultural backgrounds. Furthermore, nurses having long term of service may be refreshed with the new trends and interventions that they can use. The problems and challenges of handling patients with diverse cultural backgrounds often started with the lack of knowledge of healthcare providers, staff, and even their families and relatives especially in becoming more sensitive when dealing with other people with different culture and beliefs. Therefore the study proposed the utilization of the cross-cultural competence health care model which can help nurses to become knowledgeable, aware, create a positive attitude, become more skilled and comfortable in dealing with patients and their families as they fulfill their duties and obligations as professional healthcare providers.

**COMPETING INTERESTS DISCLAIMER**:

Authors have declared that they have no known competing financial interests OR non-financial interests OR personal relationships that could have appeared to influence the work reported in this paper.

**REFERENCES**

1. Bernhard G, Knibbe RA, von Wolff A, Dingyan D, Schulz H, Mosko M. (2015).Development and psychometric evaluation of an instrument to assess cross-cultural competence of health care professionals (CCCHP). PLoS One. 2015; 10(12): e0144049. https://doi.org/10.1371/journal.pone.0144049 PMID: 26641876
2. Butler, M., McCreedy, E., Schwer, N., Burgess, D. et al. (2016). Improving Cultural Competence to Reduce Health Disparities. AHRQ Comparative Effectiveness Reviews. National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov/27148614/>
3. Brown, L. M. (2021). Cultural Competence of Student Registered Nurse Anesthetists in Illinois. AANA Journal, 89(5), 384–390.
4. Cerio CT.(2020). Albularyo folk healing: cultural beliefs on healthcare management in Partido District, Camarines Sur, Philippines. J Southeast Asian Stud. 2020 Jun;25(1):210–237.
5. Chae D, Kim J, Kim S, Lee J, Park S.(2020) Effectiveness of cultural competence educational interventions on health professionals and patient outcomes: asystematic review. Jpn J Nurs Sci. 17(3):e12326. https://doi.org/10.1111/jjns.12326.
6. Cho, M., Kim, M. (2022). Factors Affecting the Global Health and Cultural Competencies of Nursing Students. Retrieved from, <https://doaj.org/article/64dd8c2a21fd4aa49b6489f7a4ae06e7>
7. Covell C.L. (2018) The middle-range theory of nursing intellectual capital. *Journal of Advanced Nursing*, 63(1), 94–103
8. Dayrit, M.M., Lagrada, L.P., Picazo, O.F., Pons, M.C. & Villaverde, M.C. (‎2018)‎. The Philippines health system review. *Health Systems in Transition, 8*(‎2)‎, World Health Organization. Regional Office for South-East Asia. <https://iris.who.int/handle/10665/274579>. License: CC BY-NC-SA 3.0 IGO
9. Debiasi L., & Selleck C. (2017). Cultural competence training for primary care nurse Practitioners: An Intervention to Increase Culturally Competent Care. *Journal of Cultural Diversity*, 24, 39–45.
10. Deering, M. (2019). Cultural competence in Nursing. Nurse Journal. <https://nursejournal.org/resources/cultural-competence-in-nursing>.
11. Handtke, O., Schilgen, B. & Mosko, 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. https://doi.org/10.1371/journal.pone.0219971
12. Jeong, G.H.; Park, H.S.; Kim, K.W.; Kim, Y.H.; Lee, S.H.; Kim, H.K. A Concept Analysis of Cultural Nursing Competence. Korean J. Women Health Nurs. 2016, 22, 86–95.
13. Jongen, C., McCalman, J., & Bainbridge, R. (2018). Health workforce cultural competency interventions: a systematic scoping review. BMC health services research, 18(1), 232. <https://doi.org/10.1186/s12913-018-3001-5>
14. Kim-Godwin Y.S., Clarke P.N. & Barton L. (2019). A model for the delivery of culturally competent community care. *Journal of Advanced Nursing,* 35(6), 918–925
15. Liang, Y.W., Chen, W.Y., Lin, Y.H., Su, S.Y., Lee, M.H., & Chao, P.Y. (2014). An exploratory analysis of nurses’ multicultural caring competence. *Taiwan Journal of Public Health,* 33, 549–562.
16. Lin, M.-H. & Hsu, H.C. (2020). Effects of a cultural competence education programme on clinical nurses: A randomised controlled trial. Nurse Education Today, 88. https://doi-org.sdl.idm.oclc.org/10.1016/j.nedt.2020.104385
17. Luu, K. (2021). Cultural competence in nursing. Nurse Journal. https:// <https://nursejournal.org/resources/cultural-competence-in-nursing/>
18. Markey, K., & Okantey, C. (2019). Nurturing cultural competence in nurse education through a values-based learning approach. *Nurse Education in Practice,* 7(38), 153–156.
19. McDonald J. T., Dahlin M., & Baarnhielm S. (2021). Cross-cultural training program on mental health care for refugees - a mixed method evaluation. *BMC Medical Education,* 21, 533.
20. Mead, H., Cartwright-Smith, I., Jones, K,. (2018). Racial and Ethnic Disparities in US Health Care: A Chartbook. The Commonwealth Fund.
21. Naeimeh S., Reza N., & Razi D. (2022). Psychometric properties of the Persian version of the Cultural Competence Scale in Clinical Nurses. Nursing Open, 9(2), 1218– 1227. https://doi.org/10.1002/nop2.1163
22. Nair, L., & Adetayo, O. A. (2019). Cultural Competence and Ethnic Diversity in Healthcare. Plastic and reconstructive surgery. Global open, 7(5), e2219.
23. Paric, M., Kaihlanen, A.M., Heponiemi, T. & Czabanowska, K. (2021). Nurse teacher's perceptions on teaching cultural competence to students in Finland: a descriptive qualitative study. Nurse Education Today, 99:1–7.
24. Salinda,MT.et.al.(2021).Culturally Congruent Care: Providing Best Care To Meaningful Experiences For Patients’ Cultural Sensitivity
25. Smith, L. S. (2017). Cultural competence: A nurse educator's guide*. Nursing,* 47(9), 18–21.
26. Tsai M.T. & Cheng N.C. (2010). Programmer perceptions of knowledge-sharing behavior under social cognitive theory. *Expert Systems with Applications,* 37(12), 8479–8485.