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EVALUATION OF CULTURAL COMPETENCE LEVELS OF NURSING STUDENTS

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EVALUATION OF CULTURAL COMPETENCE LEVELS OF NURSING STUDENTS

BY

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ACCEPTANCE AND APPROVAL

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ETHICS STATEMENT

The thesis entitled “Evaluation of cultural competence levels of nursing students,” which was prepared and presented as a thesis, was written by myself and in accordance with scientific, academic, and ethical conduct. The idea and hypothesis of my thesis solely belong to my supervisor and to me. The research pertaining to the thesis was conducted by myself, and therefore, all of the used sentences and interpretations within the work belong to me.

I declare the aforementioned issues to be correct.

Signature

/ /2024

Dhuha Majid Abdulraheem AL-MUSAWI

ABSTRACT

EVALUATION OF CULTURAL COMPETENCE LEVELS OF NURSING STUDENTS

Dhuha Majid Abdulraheem AL-MUSAWI

Master of Science in Nursing

Advisor: Asst. Prof. Dr. Serap AÇIKGÖZ

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Cultural competence is a set of skills, attitudes, and behaviors that work together in a system, organization, or across professions to enable an individual to perform effectively in a variety of cultural circumstances. Cultural competence in nursing involves recognizing cultural differences and integrating this awareness into all aspects of individual/patient care, including communication, decision-making, and treatment planning. As the demographics of individuals receiving care continue to evolve, nurses must be equipped with the knowledge and skills to provide inclusive and culturally sensitive care. The level of cultural competence is also important for nursing students in this context. The purpose of this study; To evaluate the level of cultural competence and related factors in nursing students.

The population of the cross-sectional study is nursing students studying at the nursing department of Al-Basra University in Basra, Iraq. It was planned to reach the entire population (except the 1st grade) and the research was conducted with 193 volunteer student nurses between April and June 2022. Data was collected through the "Personal Information Form" and the "Nurse Cultural Competence Scale". In order to conduct the research, ethical approval was obtained from the Iraqi Ministry of Health, institutional permission from the university and informed consent from the participants. In evaluating the research data, Descriptive statistical methods (number, percentage, min-max values, mean and standard deviation), independent sample t test for the difference between two independent groups in comparing quantitative data in normally distributed data, and one-way analysis of variance were applied in comparing more than two independent groups. The relationship between continuous variables was examined with

the Spearman correlation coefficient. Statistical significance level was accepted as $p<0.05$.

The average age of the student nurses participating in the research was 23.38±3.15; The average clinical experience is 49.19±271.34 hours. 58.5% of the participants are women and 72% are single. 40.9% of the participants stated that they spoke a language other than their native, and 32.6% had experience of living/studying abroad; They stated that 51.3% provided care to patients of different race/ethnicity/culture. 30.6% of the participants stated that one of the most difficult issues they had while caring for patients from different races/ethnicities/cultures was negative attitudes towards nurses. 97.9% of the participants stated that they wanted to care for patients from different cultures, 22.8% stated that they had received seminars or training on intercultural nursing care, and 98.4% stated that the health practices of different cultures should be included in the nursing curriculum. The average score of student nurses on the Nurse Cultural Competence Scale is 73.29±7.06. It was determined that there was no statistically significant relationship between the student nurses' Nurse Cultural Competence Scale scores and their age ($r:0.084$; $p>0.05$) and clinical experience. Additionally, it was determined that there was no statistically significant difference between the scores of the Nurse Cultural Competence Scale according to variables related to individual and cultural characteristics ($p>0.05$).

Nursing students have a high level of cultural competence. It is recommended to ensure the continuity of educational programs that will increase the cultural competence levels of nursing students.

2024, 50 pages

Keywords: Cultural competence, Iraq, Nursing students

ÖZET

HEMŞIRELIK ÖĞRENCILERININ KÜLTÜREL YETERLILIK DÜZEYLERININ DEĞERLENDIRILMESI

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Ocak 2024

Kültürel yeterlilik, bir bireyin çeşitli kültürel koşullarda etkili bir şekilde performans göstermesini sağlamak için bir sistemde, organizasyonda veya meslekler arasında birlikte çalışan bir dizi beceri, tutum ve davranıştır. Hemşirelikte kültürel yeterlilik, kültürel farklılıkları tanımayı ve bu farkındalığı iletişim, karar verme ve tedavi planlaması dahil olmak üzere birey/hasta bakımının tüm yönlerine entegre etmeyi içerir. Bakım sunulan bireylerin demografisi gelişmeye devam ettikçe, hemşireler kapsayıcı ve kültürel açıdan hassas bakım sağlayacak bilgi ve becerilerle donanımlı olmalıdır. Hemşirelik öğrencileri için de kültürel yeterlilik düzeyi bu bağlamda önemlidir. Bu çalışmanın amacı; hemşirelik öğrencilerinde kültürel yeterlilik düzeyini ve ilişkili faktörleri değerlendirmektir.

Kesitsel tipteki çalışmanın evreni, Irak'ın Basra şehrinde bulunan Al-Basra üniversitesi hemşirelik bölümünde öğrenim gören hemşirelik öğrencileridir. Evrenin tamamına (1. Sınıf hariç) ulaşılması planlanmış olup Nisan-Haziran 2022 tarihleri arasında gönüllü 193 öğrenci hemşireyle araştırma yürütülmüştür. Veri, "Kişisel Bilgi Formu" ve "Hemşire Kültürel Yeterlilik Ölçeği" aracılığıyla toplanmıştır. Araştırmanın yürütülebilmesi için Irak Sağlık Bakanlığı'ndan etik onay ve üniversiteden kurum izni ve katılımcılardan bilgilendirilmiş olur alınmıştır. Araştırma verisinin değerlendirilmesinde; tanımlayıcı istatistiksel metotlar (sayı, yüzde, min-maks değerleri, ortalama ve standart sapma), normal dağılıma sahip verilerde niceliksel verilerin karşılaştırılmasında iki bağımsız grup arasındaki fark için bağımsız örneklem t testi, ikiden fazla bağımsız grup karşılaştırılmasında tek yönlü varyans analizi uygulanmıştır.

Sürekli değişkenler arasındaki ilişki Spearman korelasyon katsayısı ile incelenmiştir. İstatistiksel anlamlılık düzeyi $p<0.05$ olarak kabul edilmiştir.

Araştırmaya katılan öğrenci hemşirelerin yaş ortalamaları 23,38±3,15; klinik deneyim ortalamaları 49,19±271,34 saattir. Katılımcıların %58,5'inin kadın, %72'si bekardır. Katılımcıların %40,9'u anadili dışında farklı bir dil konuştuğunu, %32,6'sı yurt dışında yaşama veya eğitim deneyimi olduğunu; %51,3'ünün farklı ırk/etnik köken/kültürden hastalara bakım verdiğini belirtmiştir. Katılımcıların farklı ırk/etnik köken/kültürden gelen hastalara bakım verirken en çok zorlandıkları konuların başında %30,6'sı hemşirelere karşı olumsuz tutumlar olduğunu ifade edilmiştir. Katılımcıların %97,9'u farklı kültürden gelen hastalara bakım vermek istediğini, %22,8'i kültürlerarası hemşirelik bakımı ile ilgili seminer ya da eğitim aldığını, 98,4'ü farklı kültürlerin sağlık uygulamalarının hemşirelik müfredatında olması gerektiğini belirtmiştir. Öğrenci hemşirelerin, Hemşire Kültürel Yeterlilik Ölçeği puan ortalaması 73,29±7,06'dır. Öğrenci hemşirelerin Hemşire Kültürel Yeterlilik Ölçeği puanları ile yaşları (r:0,084; $p>0,05$) ve klinik deneyimleri arasında istatistiksel olarak anlamlı bir ilişki olmadığı belirlenmiştir. Ayrıca, bireysel ve kültürel özelliklerine ilişkin değişkenlere göre Hemşire Kültürel Yeterlilik Ölçeği puanları arasında istatistiksel olarak anlamlı bir fark olmadığı belirlenmiştir ($p>0,05$).

Hemşirelik öğrencilerinde kültürel yeterlilik düzeyi yüksektir. Hemşirelik öğrencilerinde kültürel yeterlilik düzeylerini artıracak eğitim programlarının devamlılığının sağlanması önerilmektedir.

2024, 50 sayfa

Anahtar Kelimeler: Hemşirelik öğrencileri, Irak, Kültürel yeterlilik

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Dhuha Majid Abdulraheem AL-MUSAWI

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INDEX OF ABBREVIATIONS

CC	Cultural competence
CDI	Culturally diverse individuals
DCC	Developing cultural competence
HCR	Health-care results(HCR)
IAPCC	Inventory for Assessing the Process of Cultural Competence
ICSS	Intercultural sensitivity scores
UAI	Uncertainty Avoidance Index (UAI)

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1. INTRODUCTION

For nurses, educators, and student nurses learning their vocation, the process of developing cultural competency is critical. Nurses devote more time to their patients than any other type of healthcare worker. They have a unique potential to affect access to treatment, quality of care, and patient outcomes, and their understanding of the patients' culture, beliefs, and healthcare practices has a significant impact on their work. Students and faculty nurses provide the same level of care to their patients (Vcencio *et al.* 2017). In the healthcare system, nurses work with people of many ethnic origins. People may have similar cultural notions or various viewpoints and health preferences in order to meet their health care needs. Recognizing and addressing the client's and significant others' cultural requirements is part of nursing care. In order to plan and give culturally competent care, the nurse must understand the concepts of culture and cultural competence, as well as the multiple cultural components that should be assessed for each client (Maniago 2020) .

Cultural competence (CC) is a combination of knowledge, attitudes, and appropriate behaviors that function together in a system, organization, or across professions to enable an individual to function effectively in a variety of cultural situations. As the medical sciences group deals with patients of diverse cultures and backgrounds, CC traits play an important role in minimizing health inequalities and improving health outcomes, as well as influencing the delivery of health services (Mafakheri *et al.* 2020). CC is the ability to deliver successful healthcare services that correspond to patients' beliefs, behaviors, and cultural demands. CC has four dimensions: cultural awareness, cultural knowledge, cultural skills, and cultural competence (Sarkhani *et al.* 2021). CC practice is essential to increasing positive patient outcomes and patient satisfaction. However, there is limited evidence of the most effective ways to develop CC in the undergraduate nursing curriculum (O'Brien *et al.* 2021). In the healthcare system, nurses work with people of many ethnic origins. People may have similar cultural notions or various viewpoints and health preferences in order to meet their health care needs. Recognizing and addressing the client's and significant others' cultural requirements is part of nursing care. In order to plan and give culturally competent care,

the nurse must understand the concepts of culture and CC, as well as the multiple cultural components that should be assessed for each client (Walden 2020).

The most recent study on this topic in various parts of the world suggests that CC are important for nurses' intellectual capital accumulation (ICA). These competencies are also vital in preparing nursing students for their future professional roles (Barzykowski *et al.* 2019). The CC of nurses can make a huge difference in how well health systems work around the world. Nurses, the largest group of healthcare professionals, must be able to communicate successfully with patients from all cultures. As a result, nurses will be aware of their patients' needs and how to best care for them (Sarkhani *et al.* 2021).

Nurses should be aware of the cultural influences on care and know how to incorporate them into their treatment plans. However, little work has been done to date to better understand the cultural awareness of nursing care for Iraqi patients, and nurses may feel unprepared to incorporate cultural factors into their treatment. Nurses had to use Iraqi interpreters to communicate with patients due to language problems. According to most nurses, translators were very helpful (Goodman *et al.* 2015).

The lack of CC, inadequate preparation for teaching students from multicultural backgrounds, and traditional pedagogical approaches to nursing education are all examples of faculty experiences and perceptions regarding the teaching of culturally diverse nursing students. Cultural competence has been established as a curriculum standard in nursing education, and nurses must be culturally competent to care for diverse populations. CC refers to the ability of health professionals to respond to and respect the cultural values and beliefs of various groups, enabling them to provide effective care in the interests of that community. Nursing academics must be prepared to teach students from increasingly diverse backgrounds and to train all students in caring for multicultural patients. However, it is the faculty’s responsibility to be effective in educating diverse student groups and equipping students as culturally competent nurses in a multicultural society (Walden 2020).

In conclusion, the aim of this study is to examine the cultural competence (CC) levels of nursing students and related factors. The findings of this study can be used as a reference and basis for nursing students to develop ways to increase cultural competence (CC) and associated characteristics through in-service training programs or nursing education curricula. It can also be used as a starting point for future interventional research aimed at improving the cultural competencies and related aspects of nursing students.

1.1 Aim of the research

The aim of this study is to evaluate nursing students' cultural competence levels and related factors.

1.2 Questions of research

1. What is the cultural competence level of nursing students?

2. Do nursing students' cultural competence levels differ according to independent variables?

1.3 Limitations of the study

1. The time of collecting samples was during the period of the monthly exams for college students, so the situation for the student was anxious, so it was difficult for the student to stand to fill out the questionnaire.

2. Also, for students, it was an integrated electronic and attendance time due to the Corona pandemic, and the student was only attending practical lessons and exams, so the time to collect the sample was very difficult.

3. As well as the fifth month, the period of discussion of graduation research for students in the fourth stage, sample collection was also very difficult during this period of Limitations and very difficult.

2. GENERAL INFORMATION

2.1 Culture, health and nursing

In many nations, globalization has promoted cultural variety. The lack of information and skills on how to cope with the varied beliefs and cultural values of patients appropriately and successfully can make the required communication and interaction between patient and nurse difficult. Nurses have described caring for patients from other cultures as a complicated and demanding issue, including numerous individual and environmental aspects (Yadollahi *et al.* 2020).

Global health is a new field that studies the health and well-being of the entire world's population. As a result, it's critical to train the next generation of nurses to be global health champions. Nurses work directly with patients and offer care. On the front lines, take care of them. As a result, nurses look after inpatients and deal with medical issues.

In this process, CC is required. Cultural competence is the capacity to work across cultures. recognize diverse minority groups' cultures and adapt to their specific demands, forming and maintaining ties with people from various cultural backgrounds. Avoid miscommunication with people from various cultures by speaking effectively. and to work with people from different cultures (Cho and Kim 2022).

CC has a variety of benefits, including reduced health care disparities, increased patient trust in healthcare institutions, and cultural safety.Nursing education and healthcare organizations both play important roles in enhancing nurses' cultural competency. Culture influences health beliefs, behaviors, and responses. Culture is shown via the behavioral patterns that drive a society's lifestyle (Gözüm *et al.* 2016).

Cultural differences can have an impact on the health-care system, resulting in inequities and disparities in health (Clark 2014). Culture affects not just health-care methods but also nurse and client perceptions. It is critical for a nurse to understand his

or her client's culture and ethnicity, as well as their customs and beliefs. The nurse can prepare the best treatment for his patients if he understands how culture impacts individual behavior and thinking. To deliver culturally sensitive nursing interventions to clients, nurses must be knowledgeable of the rules of relationships within a particular cultural group, such as communication patterns and conventions, family role division, and spirituality (Fabrigas and Maniago 2018).

Culture is a symbol of life. Culture refers to the taught and shared patterns of ideas, actions, and values among groups of people who interact. These patterns of beliefs, behaviors, and values are defined, communicated, maintained, adapted, and further developed by the group. People's identities are formed by cultural values and conventions, which provide direction in a variety of areas, including marital, family, employment, leisure, politics, economy, health, disease, diet, and aging (Cruz *et al.* 2018). Furthermore, the nurse's understanding of his own attitudes and proclivities toward various ethnic groups enables him to deliver true care and concern (Albougami *et al.* 2019). Cultural competency (CC) has the potential to enhance person-centered and integrated care within health care systems (Douglas *et al.* 2014).

As a result of practitioner attitudes and behaviors, organizational policy, or a mix of the two. As a result, the nursing staff, which makes up the majority of most health-care systems, is in a unique position to lessen cultural differences that develop when people from various cultures interact (Halabi and De Beer 2018). A person's cultural expression (CE) in mental health care can have significant ramifications for their diagnosis and subsequent care and treatment. Culture has the power to alter clinical symptoms, mental health and disease models, and treatment-seeking behaviors (Lewis-Fernández *et al.* 2014). Nurses who are expected to offer both clinically safe and culturally competent (CC) care must deal with patients from various backgrounds on a regular basis. In order to handle patients in a cultural setting, nurses must be culturally competent. A health-care system staffed by culturally competent employees provides high-quality care to a wide range of people, reducing health inequities (Halabi and De Beer 2018). .

Nurses are often the front-line healthcare personnel in most hospitals. Health care inequities, health disparity, systemic racism, patient safety difficulties, healthcare inaccessibility, dissatisfaction with treatment, lack of trust, doctor hopping, and unfavorable health outcomes have all been linked to poor communication in nurse-client relationships. Some academic and health institutes have stepped in to help (Lustig *et al.* 2006). According to the research, cultural validation, employing interpreters, engaging students in foreign health care experiences, cultural simulations, and video conferencing technologies with culturally diverse individuals or communities have all been described. Despite academic efforts to guarantee that nursing students develop abilities in communicating with culturally varied clientele, there are gaps in the research when it comes to investigating undergraduate nursing students' perceptions of intercultural communication in their nursing degree. This data is critical for establishing the efficacy and appropriateness of using ICC (intracultural competence) in nursing programs (Armah *et al.* 2020).

Nurses must be culturally sensitive and incorporate cultural sensitivity into their care in order to satisfy the needs of all people from many cultures in a multicultural society (Erkin and Temel 2017). Approaches that are culturally responsive may lead to a better understanding of a person's needs and health-care results (HCR). One of the main goals of pre-registration nursing education is to help students acquire cultural sensitivity and awareness of how culture effects health, as well as how their own cultural background affects others (Von Ah and Cassara 2013).

2.1.1 Cultural differences

-Cultures with a high level of uncertainty avoidance.

-Countries with a high Uncertainty Avoidance Index (UAI) maintain rigid codes of belief and behavior and are intolerant of unconventional behavior and ideas.

-Members of society expect consensus on national and societal goals.

-Society ensures security by enforcing more rules and maintaining more structure (Maali and Al-Attar 2017).

- Power distance

-Refers to the extent to which cultures accept unequal power distribution and question power holders' decisions.

-Depending on the culture, some people may be considered superior to others due to a variety of factors, including wealth, age, occupation, gender, personal achievements, and family history.

- Cultures of high power distance

Believe in the benefits of social and class hierarchy and inequities, that authority should not be questioned, and that persons with a higher social background have the right to utilize power (Maali and Al-Attar 2017).

2.2 Cultural competence

While there is no doubt about the importance of culture in health and health care, the concepts of culture, cultural difference, and cultural competence are complex and difficult to define. CC is defined as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enable that system, agency, or profession to work effectively in cross-cultural situations. This term encompasses a variety of intervention strategies for improving healthcare systems' CC (Jongen *et al.* 2018).

CC is comprised of the following elements: cultural self-awareness, knowledge and comprehension of the client's culture, respect for cultural differences, openness to cultural encounters, and culturally appropriate treatment. The following are the most

common qualities seen in several CC concepts: cultural sensitivity, cultural awareness, cultural knowledge, cultural abilities, cultural knowledge, and dynamics (Sharifi *et al.* 2019).

CC workforce interventions have mostly focused on teaching and training health professionals in the necessary and appropriate information, attitudes, and abilities to successfully react to sociocultural challenges that arise in clinical interactions (Betancourt *et al.* 2016). As a result, cultural diversity in healthcare settings necessitates the ability of all healthcare personnel to deliver culturally competent treatment. We can support the formation of culturally competent healthcare systems that can incorporate and engage with the health beliefs and behaviors of various patient populations by integrating culture in care education (Betancourt *et al.* 2016). When it comes to providing effective and culturally relevant health care, cultural competency is seen as a critical component. CC increases the quality of healthcare, patient, Satisfaction, and health outcomes by reducing racial and cultural inequalities in health and treatment (Majda *et al.* 2021).

Furthermore, CC abilities are required to break down cultural barriers between health care providers and patients by eliminating racial and ethnic imbalances, cultivating culturally appropriate communication, and helping patients have better results (Douglas 2018). Nurse educators play a critical role in fostering cultural competency in nursing students (Flood and Commendador 2016).

Educational institutions play an important role because they may invest in growing international collaboration, providing opportunities for students and faculty members to go abroad, and maintaining staff diversity (Farber 2019).The nurse must grasp the definitions of culture and cultural competence, as well as the numerous components of culture that should be examined for each client, in order to plan and administer culturally competent care (Fabrigas and Maniago 2018). CC is linked to a variety of health outcomes, including improved nursing performance, improved care providers, patient connection, and well-established intersubjectivity. CC, in turn, contributes to therapeutic efficacy and cost effectiveness (Halabi and De Beer 2018). .

CC affects provider-based factors such as value development on a personal and professional level, communication and nursing practice, awareness, knowledge, sensitivity, skills, and encounters. Additionally, if nurse educators incorporate culturally competent care into their curricula, nursing students will be able to recognize specific attitudes and behaviors utilized to care for people from many cultures (Halabi and De Beer 2018).

2.3 Iraq's nursing education situation

In Iraq, there are three routes to a nursing degree. The following are some of them:

1.The first route is to attend nursing high school for three years before graduating as skilled nurses who give basic nursing care in hospital wards. These nurses can improve their qualifications by studying for a Diploma in Nursing at a Government Technical Nursing Educational Institute for another two years.

2. After high school, students can apply to a Technical Nursing Educational Institute to enroll in a two-year Diploma in Nursing program. They are then categorized as technical nurses, and they can give basic nursing care in the wards or work as a theater nurse in an operating room.

3. After high school, you can pursue a Bachelor of Nursing degree at a university nursing college. Graduate nurses can now work in acute care facilities, such as high-intensive care units and operating theaters, as well as on ordinary hospital wards. These graduates are qualified to teach nursing at colleges or to continue working as graduate nurses in hospitals. They can get a Master of Nursing Sciences or a Doctor of Philosophy in Nursing by continuing their education. They'd be called a high-qualified nurse or a specialist nurse after that (Abed 2014).

Nurses in the twenty-first century must be able to deliver culturally competent care to a varied population in a dynamic, innovative, and informative environment (Otuata 2019).

The Iraqi people are a diverse community, with some distinguishing characteristics: your current address (urban versus rural), ethnicity (Arab or Kurd), religious backgrounds (Shiite, Sunni, and Christian), and social standing (Goodman *et al.* 2015).

Iraqi health-care procedures include two distinguishing characteristics: the physician's primary responsibilities and health concepts based on ancient religious rituals (Sultan 2007).

In the medical profession, cultural competence (CC) is essential. The medical sciences group has an influence on health outcomes as well as the delivery of health care since it interacts with people from all cultures and backgrounds (Weech-Maldonado *et al.* 2018). Understanding intercultural communication competency (ICC) allows healthcare providers to provide equitable care to all patients. Communication problems. Nurse-patient connections help to improve healthcare; disparities, lack of cultural safety for patients, distrust, unavailability of health care, dissatisfaction with care, and worse health consequences (Vogel 2015).

2.4 Developing cultural competence in nursing

Two views on the development of intercultural competence (ICC) can be considered: CC and cultural intelligence. These are currently required reading for all medical professionals, nurses, and nursing students. When it comes to providing effective and culturally relevant health care, CC is viewed as critical. CC increases healthcare quality, patient happiness, and health outcomes by reducing racial and ethnic disparities in health and treatment. Several models of cultural competency have been created in nursing during the last three decades (Majda *et al.* 2021).

Two decades ago, the necessity of CC in nursing was recognized. To address this issue, several investigations were conducted, and different nursing theories were established. Nonetheless, there are several uncertainties around this idea. Nurses must aim to gain cultural competence in order to offer culturally congruent treatment, and health care

institutions must provide enough support for cultural competence development (Cai 2016). Cultural diversity may be a big impediment to providing appropriate treatment. Nurses' lack of knowledge and abilities in dealing successfully with patients from other cultures may harm their relationships with them and lead to inequity in care. As a result, CC has become a global requirement (Alizadeh and Chavan 2016).

Nurses with a lack of cultural awareness and abilities may have difficulty forming therapeutic relationships with patients, resulting in inequity in treatment. Transcultural care enables a range of holistic, customized, and compassionate treatment options (Zarzycka *et al.* 2020). Personal, cognitive, and professional growth, as well as good patient engagement, were among the topics discussed with care providers. CC has also been linked to improved public health and cheaper health-care expenses. CC has been linked to patients, nurses, healthcare organizations, care receivers, care providers, and health in recent research (Sharifi *et al.* 2019). Nurses must have sufficient therapeutic and multicultural communication skills in order to effectively connect with various clients in various contexts. To better educate nursing students for varied populations, recommendations have been made all around the world to integrate cultural content into their study curricula. However, there hasn't been enough study done on including cultural elements in educational programs (Armah *et al.* 2020) .

Consequently, it is critical to continue to implement and develop programs to strengthen nurses' global health and cultural competence. To do so, future medical professionals and nursing students must be evaluated for global health, cultural competency (CC), and their impacting variables in order to provide essential data for building appropriate programs. Metacognition, or the ability to recognize and alter one's cognitive processes, is one factor that influences global health and CC (Cho and Kim 2022).

2.5 Studies on cultural competence in nursing students

In 2019, this study had a one-group pre-posttest model descriptive study design. In the 2016–2017 academic year (n = 54), interns studied at a nursing school. Emergency and diabetes nursing are elective courses. Thirty-four students taking these courses were

included in the study. The sampling method was not used. The study's dependent variable is students' intercultural sensitivity scores before and after the simulation. There was no statistically significant difference in the intercultural sensitivity scores (ICSS) before and after the simulation ($p>0.05$). Even though there were no differences between intercultural sensitivity scores (ICSS) before the simulation and the scores after the simulation, simulation-based education is an effective teaching method for the enhancement of cultural sensitivity (Unver *et al.* 2019).

In 2019, A descriptive, cross-sectional design. From April to November 2016, the Cultural Capacity Scale was used to survey a convenience sample of 2,163 nursing students from nine countries. Chile, India, Iraq, Oman, the Philippines, Saudi Arabia, South Africa, Sudan, and Turkey are among the countries involved. A convenience sample of 2,163 bachelor's of science in nursing (BSN) students (response rate = 87.3%) from all of the participating countries was included in this study. The purpose of this study was to examine the cultural competency of BSN students from nine different nations. Two main findings are discussed in this section: (a) the students exhibited a moderate range of CC, and (b) the CC of the students was associated with and influenced by their demographic profiles and cultural-related experiences. This study's nursing students give an important preview of where nursing school now stands in terms of delivering the requisite cultural competency preparation.

The variation of CC among nursing students from different nations should serve as a cue for designing a focused yet multimodal nursing education program that guides them to be culturally sensitive, culturally adaptive, and culturally motivated (Cruz *et al.* 2018).

A descriptive exploratory design was used to explore the Saudi undergraduate nursing students' level of CC. The study was conducted in the year 2018. To explore the cultural competence of undergraduate nursing students at a college of nursing in Saudi Arabia. The convenience sample included 205 nursing students affiliated with a college of nursing at a health science university in Jeddah, Saudi Arabia. Data was collected using

the Inventory for Assessing the Process of Cultural Competence-Revised (IAPCC-R), consisting of 25 items. Cronbach's alpha was 0.89, indicating that the tool was reliable.

The majority of students were culturally conscious and interacted with individuals of other cultures, according to the findings of this study. One-third of respondents chose long-term cultural instruction. Half of the students said they would rather take a course on dealing with individuals from various cultures. Despite the fact that students were exposed to some cultural knowledge content in their training, cultural desire had the highest mean and cultural knowledge had the lowest among the cultural competency subscales. On the basis of these results, the plan was , implement the guidelines for CC care, covering all aspects of care with consideration of cultural heritage as a main concept. A comparative study of nurses' and students' perceptions is further recommended (Halabi and De Beer 2018).

A nation-level study is completed at the College of Nursing, Hail University, Kingdom of Saudi Arabia. This is a descriptive/evaluative study aimed at determining differences between the levels of CC of Saudi student nurses and the perceptions of their clinical instructors. Thirty full-time clinical professors were among the thirty-six participants in this study (83 percent). The respondents were picked for their unique culture, abilities, and experience using a purposive sample approach. The clinical instructor genders were equally distributed (50% female and 50% male), with 40 to 44 years old being the most prevalent age range (30 percent). Of these, 23 (76%) mostly worked at the medical-surgical department, 28 (93%) were lecturer/nurse specialists, and 27 (90%) had a master's degree. Eleven (37%) of them had 16 to 20 years of work experience in the academic field, but most of them (27; 90%) had less than 1 to 5 years of experience in this healthcare institution. Nineteen (63%) of them had undertaken no formal education in transcultural nursing, and 22 (73%) of the respondents were not studying relevant education units. According to the clinical professors' assessments, these Saudi student nurses demonstrated merely mediocre cultural competency. reflected their own level of CC. This was because nursing students view their clinical instructors as their role models, and their learning acquisition was a result of knowledge transfer (Vcencio *et al.* 2017).

A convenience sample of 88 first-year baccalaureate students, 121 fourth-year bachelor students, and 51 nursing faculty members were analyzed. Model created by Campinha-Bacote. The study's goal was to examine the cultural competence of students and teachers at a nursing school and to evaluate the consequences for nursing courses. An analysis of variance indicated a statistically significant difference between the three groups (F = 43.915, df = 259, p.0001). Several demographic characteristics and IAPCC scores were shown to have a favorable association. Findings suggest that CC can be increased by including structured cultural content in nursing curricula. Therefore, nursing curricula need to include cultural content, and student nurses and faculty members need to be CC (Sargent *et al.* 2005).

2.6 The role of the public health nurse in developing cultural competence

Iraq has traditionally had a poor nurse-to-population ratio, which dropped drastically once foreign employees withdrew. Today, each physician has less than one nurse staff of any type. In many countries, only a small percentage of nursing personnel are certified to meet minimum professional practice requirements. Three Iraqi universities have a solid nursing education foundation, although it has limited relevance to other institutions or hospitals. Nurses, who are now part of the public hospital system, are thought to have considerably higher technical skill levels than private nurses (Garfield and McCarthy 2005).

Iraq's health-care system is striving to reclaim lost ground. Many competent health workers have relocated to other countries, and fresh graduates are still leaving. Despite extensive reconstruction, health infrastructure has not been fully restored. The health system should be realigned, with primary health care as the foundation, according to national development goals. Despite this, the health-care system remains centralized and centered on hospitals. These growth plans also call for private health care to become a key force in the health sector, but there is still a lot of work to be done until regulations to facilitate this transition are in place. An active effort to link access to health services with population location and needs is one of the new initiatives (Al Hilfi *et al.* 2013). Nurses make up the largest category of hospital staff. In both wealthy and emerging

nations, there is a severe scarcity. According to reports, nursing shortages arise in underdeveloped nations as a result of nurses leaving for greater possibilities. Iraq is considered a developing country and is not immune to the scarcity of nurses. The three wars and internal strife in Iraq have exacerbated nursing concerns in the nation (Karem *et al.* 2019).

In nursing education, cultural competency may be attained by creating a taxonomy that encompasses five areas: cultural sensitivity, cultural awareness, cultural sensitivity, cultural awareness, and cultural competency. If nursing programs educate and apply culturally competent care practices in their curriculum, nursing students will be able to recognize some attitudes and practices used to care for people from other cultures. Although knowing all ethnic groups is not realistic, nursing students should learn to embrace diversity, prevent prejudice, and give culturally sensitive care to their patients (De Beer and Chipps 2014).

Nurses must be aware of their own and the nursing profession's cultures. How a nurse interacts with patients is influenced by values such as compassion, empathy, honesty, supporting health and autonomy, and respecting patients' choices. Nurses are required to give both clinically safe and culturally appropriate care to patients from various backgrounds on a regular basis. As a result, healthcare providers have the problem of delivering culturally appropriate treatment (De Beer and Chipps 2014). Communication is crucial to improving the healthcare quality of patients from different cultures. It is critical to improve intercultural sensitivity in order to communicate with people from various cultural backgrounds and to resolve communication issues (Unver *et al.* 2019).

3. MATERIAL METHODS

3.1 Design

A cross-sectional descriptive study.

3.2 Research setting

The research population consisted of 2nd, 3rd, and 4th year students studying in the nursing department of Al-Basra University in Basra, Iraq. There were a total of 384 nursing students in the nursing department, including 123 in the 2nd-year, 128 in the 3rd-year, and 133 in the 4th-year. The simple random sampling method, which is considered one of the probability-based sampling methods, was used in sample selection. Sampling calculation was performed using the formula n=N x t2 x p x q / d2 (N-1) + t2 x p x q (Karasar 2014). The values in the formula are explained below. The theoretical t value of the research was found as 1.96, based on a confidence interval of 95% and a sampling error of 0.05. According to the simple random sampling formula, the sample size was calculated as at least 193 subjects to represent a population of 384 people by using the research data in the formula and based on a confidence interval of 95% and a margin of error of 0.05. The research was completed with 193 student nurses.

n: Sample size
N: Universe size
t: Theoretical value found according to the t table at a certain significance level
p: The probability of occurrence of the investigated event.
q: The probability that the event under investigation will not occur.
d : margin of error

3.2.1 Inclusion criteria of the research

-Being a nursing student at the university where the research is conducted.

-Volunteering to participate in research.

3.2.2 Exclusion criteria

- Being a first-year nursing student at the university where the research is conducted
- Not filling out data collection tools completely.

3.3 Research variables

The dependent variable of the study is the level of cultural competence. Independent variables are the data fields of the personal information form.

3.4 Data collection tools

3.4.1 Personal Information Form

This 16-item form was designed by the researcher following a review of the literature to determine the personal characteristics of the students, such as age, gender, and marital status and their cultural characteristics (Appendix 1).

3.4.2 Nurse Cultural Competence Scale (NCCS)

NCCS was developed by Perng and Watson (2012) to measure cultural competence. It consists of 20 items and a single dimension. The items of the scale are scored on a five-point Likert-type scale using options ranging between “strongly disagree (1)” and “strongly agree (5)”. Scores on the scale range from 20 to 100. High scores on the scale indicate high cultural competence. The NCCS, which forms a strong Mokken measure ($H = 0.67$), is a reliable ($rho = 0.97$) and statistically significant ($p < .001$) measurement tool (Perng and Watson 2012). Cruz *et al.* (2016) evaluated the psychometric properties of the Arabic version of the scale for nursing students. Cronbach’s α coefficient of the scale was calculated as 0.96 and the intra-class correlation was found as 0.88,

demonstrating excellent content validity and good construct validity. This version of the scale consists of 20 items and a single dimension, similar to the original scale (Appendix 2). In this study, Cronbach's Alpha coefficient was calculated as 0.723.

3.4.3 Data collection

Data collection tools were applied by the researcher to the students who were at school on the application days between April-June 2022. During the application, the researcher introduced himself to the class and explained the purpose of the research. Students were informed that their participation in the research was voluntary and that their answers would remain confidential. The application took approximately 10 minutes.

3.4.4 Ethical approval

To collect study data, the ethical approval of the Iraqi Ministry of Health (Date: 19.04.2022, Protocol number: 12) (Appendix 3) and the institutional permission of the university administration where the research was conducted were obtained (Appendix 4). Also, the permission of the author for the scale used in the research was obtained (Appendix 5). On the front side of the data collection form, the purpose of the research was explained and there was a section about consent to participate in the research. A copy of the consent form was given to the participants.

3.5 Data analysis

The data obtained in the study were analyzed on the trial version of the SPSS (Statistical Package for Social Sciences) for Windows 25.0 software. Descriptive statistical methods (frequency, percentage, min.-max., mean, and standard deviation values) were used for data analysis. Reliability analysis was conducted to test the reliability of the scales. The normality of the data was tested. Compliance with normal distribution can be examined by a Q-Q plot (Chan 2003). In addition, the skewness and kurtosis values between ±3 can show the normality of the data (Shao 2002). In normally distributed

data, the independent t-test was used for the difference between two independent groups while comparing quantitative data and one-way analysis of variance was employed to compare more than two independent groups. The relationship between continuous variables that did not have a normal distribution was examined with the Spearman correlation coefficient.

4. RESULTS

The distribution of student nurses in the study according to their descriptive characteristics is presented in Table 4.1. The mean age of the participants was 23.38±3.15. The mean clinical experience was 49.19±271.34 hours. Of the participants, 58.5% were female, 72% were single, and 97.9% were Muslim. Also, 40.9% spoke a language other than their mother tongue, 32.6% had experience with living/studying abroad, and 51.3% had provided care for patients of different races/ethnicities/cultures before. One of the most difficult issues while caring for patients from different races/ethnicities/cultures for 30.6% of the participants was negative attitudes toward nurses. Almost all of the participants (97.9%) stated that they wanted to care for patients from different cultures, 22.8% had received seminars or training on intercultural nursing care, and 98.4% stated that the health practices of different cultures needed to be included in the nursing curriculum.

Table 4.1 The distribution of student nurses participating in the study according to their descriptive characteristics (n= 193)

VARIABLES		$\bar{X}$	**SS**
Age		23.38	3.15
Clinical experience (hour)		49.19	271.34
Variables		**n**	**%**
Gender	Female	113	58.5
	Male	80	41.5
Marital status	Single	139	72.0
	Married	54	28.0
Religion	Islam	189	97.9
	Other	4	2.1
The place of the longest residence	Urban	111	57.5
	Rural	82	42.5
School year	2	54	28.0
	3	79	40.9
	4	60	31.1
Status of speaking a language other than mother tongue	Yes	79	40.9
	No	114	59.1
Status of experience with living/studying abroad	Yes	63	32.6
	No	130	67.4
Status of short-term business/touristic trip experience abroad	Yes	77	39.9
	No	116	60.1
Status of providing care for patients of different races/ ethnicities/cultures	Yes	99	51.3
	No	94	48.7

Table 4.1 The distribution of student nurses participating in the study according to their descriptive characteristics (n= 193) (Continuous)

The most difficult issues when providing care for patients from different races/ethnicities/cultures	No experience	29	15.0
	Culture-specific expectations	51	26.4
	Language problems	54	28.0
	Negative attitudes towards nurses	59	30.6
Willingness to provide care for patients from different cultures	Yes	189	97.9
	No	4	2.1
Thinking of working in a different culture	Yes	180	93.3
	No	13	6.7
Joining seminars or receiving education on intercultural nursing care	Yes	44	22.8
	No	149	77.2
Views on the inclusion of different cultures' health practices in the nursing curriculum	Yes	190	98.4
	No	3	1.6
Total		**193**	**100.0**

The distribution of the student nurses' scores on the Nurse Cultural Competence Scale is presented in Table 2. The mean scale score of student nurses was 73.29±7.06.

Table 4.2 Distribution of the scores of student nurses participating in the study from the nurse cultural competence scale

Scale	Min.	Max.	Mean	Standard deviation
Nurse Cultural Competence Scale	44.00	96.00	73.29	7.06

It was determined that there was no statistically significant relationship between the Nurse Cultural Competence Scale scores of the student nurses in the study and their age (r: 0.084; p>0.05) and clinical experience (Table 4.3).

The independent t-test was used to compare the mean scores of two independent groups on the NCCS according to their socio-demographic characteristics, and the one-way analysis of variance was employed to compare the scores of more than two independent groups. It was determined that there was no statistically significant difference between the students' mean scores on the NCCS according to their gender, marital status, place of residence, school year, status of speaking a language other than their mother tongue, experience with living/studying abroad, short-term business/touristic travel experience

abroad, status of providing care for patients of different races/ethnicities/cultures, difficulties experienced most while providing care for patients from different races/ ethnicities/cultures, and status of thinking that health practices of different cultures should be included in the nursing curriculum (p>0.05) (Table 4.3).

Table 4.3 Comparison of nurse cultural competence scale scores by some characteristics of student nurses participating in the research

Variables			**Nurse Cultural Competence Scale**		
Age		R	0.084		
		P	0.248		
Clinical experience (hour)		R	-0.011		
		P	0.881		
Variables		$\bar{X}$	**SD**	**Test statistics**	**p**
Gender	Female	72.74	7.57	-1.269[t]	0.206
	Male	74.05	6.24		
Marital status	Single	72.76	7.26	-1.680[t]	0.095
	Married	74.65	6.39		
The place of the longest residence	Urban	72.72	7.31	-1.273[t]	0.204
	Rural	74.04	6.68		
School year	2	72.11	8.98	2.715[F]	0.069
	3	74.68	4.69		
	4	72.50	7.49		
Status of speaking a language other than one's mother tongue	Yes	72.32	8.28	-1.593[t]	0.113
	No	73.96	6.02		
Status of experience with living/education abroad	Yes	73.89	7.13	0.827[t]	0.409
	No	72.99	7.04		
Status of short-term business/touristic trip experience abroad	Yes	74.34	6.08	1.696[t]	0.092
	No	72.59	7.59		
Status of providing care for patients of different races/ ethnicities/cultures	Yes	74.14	6.93	1.739[t]	0.084
	No	72.38	7.12		
The most difficult issues when providing care for patients from different races/ethnicities/cultures	No experience	72.51	10.59	0.933[F]	0.426
	Culture-specific expectations	73.22	5.50		
	Language problems	74.57	5.61		
	Negative attitudes towards nurses	72.54	7.32		
Joining seminars or receiving education on intercultural nursing care	Yes	73.07	9.08	-0.231[t]	0.817
	No	73.35	6.38		

r: Spearman correlation coefficient
SD: Standard Deviation
t: Independent sample t-test
F: One-way analysis of variance (ANOVA)

5. DISCUSSION

The analysis of scores on the Nurse Cultural Competence Scale constitutes a pivotal element in gauging the preparedness of student nurses to deliver culturally competent care. The calculated mean scale score of 73.29±7.06 signifies a noteworthy degree of cultural competence among the participants in this study. This observation aligns with the research of Ho and Oh (Ho and Oh 2022). who also identified a similar distribution pattern in a diverse sample of student nurses. Notably, our findings reinforce a consistent trend across different cohorts, underscoring the reliability and replicability of the identified level of cultural competence.

Comparative studies, such as the work conducted by Chen *et al.* (Chen *et al.* 2018). employing a similar measurement tool, corroborate our results. Their findings, akin to ours, indicate that the average score falls within a range indicative of a satisfactory level of cultural competence among student nurses. Furthermore, the study conducted by (Liu *et al.* 2018). which involved student nurses from various geographical regions, not only supports our mean scale score but also underscores the critical role of cultural competence training in nursing education.

In addition, our study's findings emphasize the need to integrate cultural competence education into nursing courses. This suggestion aligns with the broader literature and supports the idea that incorporating cultural competence training is essential for enhancing nursing students' perceptions of their cultural care competency. Considering these collective findings, it becomes evident that fostering cultural competence is integral to nursing education, promoting a more inclusive and proficient healthcare workforce.

Consensus across various studies regarding the distribution of scores among student nurses highlights a foundational level of cultural competence within the realm of nursing education. Nevertheless, the continuous pursuit of improvement remains imperative. Institutions are encouraged to actively engage in sustained initiatives aimed at elevating cultural competence. This involves a strategic blend of curriculum

development, experiential learning, and targeted training programs. By adopting a multifaceted approach, institutions can cultivate an environment that not only meets but exceeds the current baseline, fostering a nursing education system that is progressively attuned to the diverse needs of our ever-evolving society.

Our research findings diverge from the conclusions drawn in a study conducted in Slovenia (Ličen and Prosen 2023). where it is posited that the incorporation of transcultural elements within the Slovenian nursing curriculum correlates with heightened self-reported levels of cultural competence among nursing students. Additionally, insights from Austria underscore a disconcerting inadequacy in the standard of culturally competent healthcare provision by nurses. Given that nurses often have the most extensive patient interaction, ensuring culturally competent healthcare services for diverse populations is imperative (Osmancevic *et al.* 2023).

Moreover, our findings surpass those from Jeddah, Saudi Arabia, revealing that a substantial proportion of students in nursing exhibited only a moderate level of overall cultural competence. This highlights a crucial need for professional cultural programs tailored for nursing students, which should be obligatory and encompass pivotal aspects of cultural competence. Specifically, these programs should address cultural encounters in clinical skills and interactions with individuals from diverse cultural backgrounds. Establishing comprehensive and mandatory initiatives can significantly enhance the cultural competence of nursing students, thereby contributing to improved healthcare outcomes for culturally diverse patient populations (Liang *et al.* 2019).

The study's findings indicate that there were no statistically significant differences in scores on the Nurse Cultural Competence Scale across diverse demographic and experiential variables. Specifically, gender did not exert an impact on cultural competence among nurses, as evidenced by the absence of significant score disparities between male and female participants. These results align with prior research asserting that gender lacks reliability as a predictor of cultural competence in healthcare professionals (Dunagan *et al.* 2014).

Moreover, marital status did not emerge as a significant factor influencing cultural competence within the nursing cohort. Whether nurses were married or single did not result in discernible variations in their cultural competence scores, suggesting that personal relationship status may not substantially shape nurses' ability to provide culturally competent care. This finding is consistent with the study by Suk *et al.* (2018), which similarly found no significant relationship between marital status and cultural competence in healthcare professionals (Suk *et al.* 2018).

The influence of place of residence on nurses' cultural competence was examined, revealing no notable distinctions in scores between those residing in urban or rural areas. This indicates that geographical location may not wield considerable influence as a determinant of cultural competence in nursing. These outcomes align with Eken *et al.* (2021) research, which similarly found no significant correlation between place of residence and cultural competence in a comparable healthcare setting (Eken *et al.* 2021).

Likewise, the study investigated the impact of the school year on cultural competence levels among nursing students and professionals. Results indicated that individuals in the early stages of education or at more advanced stages exhibited no statistically significant differences in cultural competence scores. This parallels the findings of Chen *et al.* (2018), who observed no significant association between school year and cultural competence in nursing students (Chen *et al.* 2018).

The exploration of linguistic factors, specifically participants' proficiency in languages other than their mother tongue, surprisingly revealed no statistically significant differences in cultural competence scores. These challenges conventional assumptions linking multilingualism to inherent cultural competence in healthcare. These results resonate with the Cultural Competence Research Group's study, which also reported no significant influence of language proficiency on cultural competence among healthcare professionals (Matthews and Van Wyk 2018).

Moreover, the study delved into experiences related to living or studying abroad, as well as short-term business or touristic travel abroad. Intriguingly, these experiences did not

yield significant differences in cultural competence scores among the surveyed nurses. Despite the potential for exposure to diverse cultures through such encounters, the study's results suggest that these specific experiences may not robustly predict cultural competence. These findings align with Kohlbry's (2016) research, which demonstrated no significant relationship between international experiences and cultural competence in healthcare professionals (Kohlbry 2016).

In the exploration of cultural competence among nurses, the study delved into the impact of caring for patients from diverse racial, ethnic, and cultural backgrounds. Notably, the findings revealed that the cultural competence scores did not significantly differ based on the varied patient populations, indicating that direct experience with diversity did not necessarily translate into discernible differences in overall cultural competence among nurses. This observation aligns with Farber's (2019) study, which similarly found no substantial correlation between clinical exposure to diverse patients and cultural competence in nursing professionals (Farber 2019).

The investigation also extended to the examination of difficulties encountered by nurses in providing care to individuals from different backgrounds. Intriguingly, the nature and severity of these challenges did not yield significant variations in cultural competence scores. This implies that the obstacles faced in delivering culturally competent care did not necessarily result in differences in the nurses' overall cultural competence. This finding is in harmony with Wesołowska *et al.* (2018) research, which reported a lack of significant relationship between encountered difficulties and cultural competence in healthcare professionals (Wesołowska *et al.* 2018).

Additionally, the study explored whether nurses' beliefs in the integration of health practices from diverse cultures into the nursing curriculum influenced their cultural competence scores. Surprisingly, the results indicated that such beliefs did not lead to significant differences in cultural competence scores. This suggests that nurses supporting the inclusion of diverse health practices in the curriculum did not exhibit markedly higher levels of cultural competence. These results align with Singleton's (2017) research, which found no significant correlation between attitudes toward

curriculum inclusivity and cultural competence in nursing professionals (Singleton 2017).

In summary, the comprehensive analysis of various demographic and experiential variables in the study revealed a lack of significant differences in cultural competence scores among the surveyed nurses. This implies that factors such as gender, marital status, place of residence, school year, language proficiency, international experiences, clinical exposure, encountered difficulties, and beliefs regarding curriculum inclusivity did not independently contribute to variations in cultural competence. These findings provide valuable insights into the nuanced nature of cultural competence within nursing, challenging preconceived assumptions. Moreover, the study emphasizes the need for a sophisticated understanding of this essential competency and calls for sustained efforts in cultural competence development within nursing education to meet the evolving needs of our diverse society. This nuanced understanding underscores the multifaceted nature of cultural competence, offering insights that can inform improvements in nursing education and contribute to the cultivation of a more inclusive and proficient healthcare workforce.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusions

1. The study demonstrates a noteworthy degree of cultural competence among student nurses, as indicated by a mean scale score of 73.29±7.06.

2. The findings underscore the importance of integrating cultural competence education into nursing courses.

3. The study reveals no statistically significant differences in cultural competence scores based on various demographic and experiential variables, including gender, marital status, place of residence, school year, linguistic factors, experiences abroad, patient care diversity, difficulties encountered, and beliefs in curriculum inclusive

6.2 Recommendations

1. Nursing institutions should prioritize and actively integrate cultural competence education into their curriculum. This can be achieved through a strategic combination of curriculum development, experiential learning, and targeted training programs. This approach will contribute to a more inclusive and proficient healthcare workforce.

2. Institutions should establish comprehensive and mandatory cultural programs tailored for nursing students. These programs should address cultural encounters in clinical skills and interactions with individuals from diverse backgrounds. This will contribute to enhanced cultural competence, ensuring improved healthcare outcomes for culturally diverse patient populations.

3. Nursing institutions are encouraged to engage in sustained initiatives aimed at elevating cultural competence. This involves a multifaceted approach, including curriculum development, experiential learning, and targeted training programs. By

adopting a continuous improvement mindset, institutions can surpass the current baseline and adapt to the diverse needs of an ever-evolving society.

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APPENDICES

APPENDIX 1. Personal Information Form

APPENDIX 2. Nurse Cultural Competence Scale (English and Arabic)

APPENDIX 3. Ethics Committee of Iraq (Turkish and Arabic)

APPENDIX 4. Institutional permission (Turkish and Arabic)

APPENDIX 5. Permission for the use of the scale

APPENDIX 1. Personal Information Form

1. Age:
2. Gender: a) Female b) Male
3. Marital status: a) Married b) Single
4. Religion: a) Islam b) Other
5. The place of the longest residence:
   a) Rural areas b) Urban areas
6. School year?
   a) 2 b) 3 c) 4
7. Clinical experience (hours):
   ……
8. Do you speak a foreign language?
   a) No
   b) Yes
9. Do you have experience with living/education abroad?
   a) Yes b) No
10. Have you had a short-term business/touristic trip experience abroad?
    a) Yes b) No
11. Have you ever provided care for patients of different race/ethnicity/culture?
    a) Yes b) No
12. What issues do you find most difficult when providing care for patients from different races/ethnicities/cultures?
    (Multiple options can be marked.)

a) No previous experience
b) Language problem
c) Their negative attitudes toward nurses
d) Their expectations based on their cultures
e) Other (Please state: ……)

13. Do you want to provide care for patients from different cultures?
    a) Yes b) No
14. Do you consider working in a different culture?
    a) Yes b) No
15. Have you joined seminars or received education on intercultural nursing care?
    a) Yes b) No
16. Do you think health practices from different cultures should be included in the nursing curriculum?

a) Yes b) No

APPENDIX 2. Nurse Cultural Competence Scale (English and Arabic)

Items	Please read each statement carefully and provide your answer by placing a check mark in the appropriate box. There is no right or wrong answer. Indicate the extent of your agreement with the following statements.	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
1	I can teach and guide my nursing colleagues about the differences and similarities of different cultures.					
2	I can teach and guide my nursing colleagues in planning nursing interventions for patients from different cultural backgrounds.					
3	I can use examples to demonstrate communication skills with patients from different cultural backgrounds.					
4	I can teach and guide my nursing colleagues on the communication skills of patients from different cultural backgrounds.					
5	I can explain the effects of cultural factors on a person's beliefs/behaviors toward health/disease to patients from different ethnic groups.					
6	In my opinion, it is very easy to collect information about each patient's health/illness beliefs/behavior.					
7	I can teach and guide my nursing colleagues about cultural knowledge of health and disease.					
8	I can teach and guide my nursing colleagues on how to demonstrate appropriate behavior when providing nursing care for patients from different cultural groups.					
9	I am familiar with cultural knowledge or theory regarding health or disease.					
10	I can explain the impact of culture on a patient's beliefs/behavior about health/illness.					
11	I can list methods or ways to collect information about health, disease, and culture.					
12	I can compare the health or disease beliefs of patients from different cultural backgrounds.					
13	I can easily identify the care needs of patients from different cultural backgrounds.					
14	While practicing nursing activities, I can meet the needs of patients from different cultural backgrounds.					
15	I can explain possible relationships between patients' health/illness beliefs and culture.					
16	I can determine nursing goals according to each patient's cultural background.					
17	I often actively seek to understand the beliefs of different cultural groups.					
18	When I am dealing with patients from different cultural backgrounds, my behavioral response will generally not differ greatly from the patient's cultural norms.					
19	I can use my skills of communication with patients from different cultural backgrounds.					
20	I usually discuss the differences between patients' health beliefs/behaviors and nursing knowledge with each patient.					

تحية طيبة.....

عزيزي المبحوث (الممرض / ة)

بين ايديكم الاستمارة الاستبيانة لرسالة الماجستير الموسومة:

تقويم مستوى الكفاءة الثقافية لطلبة كلية التمريض

Evaluation of The Cultural Competence Levels of Nursing students

لذا يرجى تفضلكم بالاجابة على المعلومات المتعلقة بالبحث اعلاه وأود إعلامكم بأن المعلومات التي ستدلون بها ستكون في غاية السرية، وتستخدم فقط لغرض البحث العلمي.

اسم الباحثة

م.ب ضحى ماجد عبد الرحيم الموسوي**

طالبة ماجستير / تمريض صحة المجتمع**

معهد العلوم الصحية/ جامعة جانكيري/تركيا**

الاستبانة الخاصة بتقويم مستويات الكفاءة الثقافية لطلبة كلية التمريض

القسم الاول: المعلوات الشخصية

1- العمر **سنة**

2-الجنس:

أ. ذكر

ب. انثى

3-الحالة الاجتماعية:

أ. متزوج

ب. أعزب

4-الديانة:

أ. مسلم

ب. ديانة أخرى

5- اين تقضي معظم حياتك ؟

أ. الريف

ب. (الحضر)المدينة

6- في أي مرحلة أنت؟

أ. الثانية

ب. الثالثة

ج. الرابعة

7- خبرتك السريرية (حدد بالساعات) :

( )

8- هل تتكلم لغة أخرى غير لغتك الام؟

أ. نعم (اذكر اللغة التي تتحدث بها) .....

ب. لا

9- هل لديك خبرة في العمل / العيش / الدراسة في الخارج؟

أ. نعم

ب. لا

10- هل كانت لديك تجربة سفر/ عمل / سياحة قصيرة المدى في الخارج؟

أ. نعم

ب. لا

11- هل قمت برعاية مرضى من أعراق ومستويات ثقافية مختلفة؟

أ. نعم

ب. لا

12-ما هي المواضيع التي تواجه فيها الصعوبة الأكبر أثناء رعاية مرضى من ثقافات مختلفة؟

(يمكنك تحديد أكثر من خيار)

أ. لم أهتم

ب. نعم مشكلة اللغة

ج- المواقف السلبية تجاه الممرض

د.التوقعات الخاصة بالثقافة

13- هل تريد رعاية مرضى من ثقافات مختلفة؟

أ. نعم

ب. لا (اذكر السبب) .....

14- .هل تنوي العمل في ثقافة مختلفة عن ثقافتك؟

أ. نعم

ب. لا

15- هل تلقيت أي ندوات أو تدريب حول الرعاية التمريضية متعددة الثقافات؟

أ. نعم (اذكر مكان الدورة).....

ب. لا

16- برأيك ، هل يجب تضمين الممارسات الصحية للثقافات المختلفة في منهج التمريض؟

أ . نعم

ب . لا

القسم الثاني:تقييم مستويات الكفاءة الثقافية لطلبة كلية التمريض

مقياس القدرة الثقافية

يرجى قراءة كل عبارة بعناية وتحديد الإجابة عن طريق وضع علامة الاختيار في المربع المناسب. لا توجد إجابة صحيحة أو خاطئة.

أوافق بشدة 5

أوافق 4

محايد 3

لا أوافق 1
2
لا أوافق بشدة 1

رقم	إلى أي مدى توافق على ما يلي؟	لا أوافق بشدة	لا أوافق	محايد	أوافق	أوافق بشدة
1	يمكنني تعليم وتوجيه زملاء التمريض الآخرين حول جوانب الاختلاف والتشابه ما بين المستويات الثقافات المتنوعة					
2	يمكنني تعليم وتوجيه زملاء التمريض الآخرين حول تخطيط التدخلات التمريضية للمرضى من مستويات ثقافية متنوعة					
3	يمكنني استخدام الأمثلة لتوضيح مهارات التواصل مع المرضى من المستويات الثقافية المتنوعة					
4	يمكنني تعليم وتوجيه زملاء التمريض الآخرين حول مهارات الاتصال بالمرضى من مستويات ثقافية متنوعة					
5	يمكنني شرح تأثيرات العوامل الثقافية على معتقدات / سلوك الفرد نحو الصحة / المرض للمرضى من مختلف الجماعات العرقية					
6	بالنسبة لي يعتبر جمع المعلومات حول معتقدات / سلوك كل مريض عن الصحة / المرض أمراً يسير للغاية					
7	يمكنني تعليم وتوجيه زملاء التمريض الآخرين بشأن المعرفة الثقافية حول الصحة والمرض					
8	يمكنني تعليم وتوجيه زملاء التمريض الآخرين بشأن					

	إظهار السلوك المناسب عند تقديمهم للرعاية التمريضية للمرضى من الجماعات الثقافية المتنوعة					
9	أنا على دراية بالمعارف أو النظريات الثقافية ذات الصلة بالصحة أو المرض					
10	يمكنني شرح تأثير معتقدات / سلوك المريض على الصحة / المرض					
11	يمكن إدراج قائمة بأساليب أو طرق جمع معلومات عن الصحة والمرض تتصل بالجوانب الثقافية					
12	يمكنني المقارنة ما بين معتقدات الصحة أو المرض بين المرضى من االمستويات الثقافية المتنوعة					
13	يمكنني بسهولة تحديد احتياجات الرعاية للمرضى من المستويات الثقافية المتنوعة					
14	عند تنفيذ أنشطة التمريض ، يمكنني تلبية احتياجات المرضى من مختلف المستويات الثقافية					
15	يمكنني تفسير العلاقات الممكنة بين معتقدات الصحة / المرض وثقافة المرضى					
16	يمكنني تحديد أهداف التمريض وفقا للمستوى الثقافي لكل مريض					
17	عادة ما أسعى بنشاط لفهم معتقدات الجماعات الثقافية المختلفة					
18	عندما أقوم برعاية المرضى من مختلف المستويات الثقافية ، لا تختلف استجابتي السلوكية كثيرا عن المعايير الثقافية للمريض					
19	يمكنني استخدام مهارات التواصل مع المرضى من مختلف االمستويات الثقافية					
20	عادة ما أناقش الاختلافات ما بين المعتقدات الصحية / سلوك المريض ومعلومات التمريض مع كل مريض					

- نهاية الاستبيان -

APPENDIX 3. Ethics committee of Iraq (Arabic)

APPENDIX 4. Institutional permission (Arabic)

APPENDIX 5. Permission for the use of the scale

CURRICULUM VITAE

Personal Information

Name and Surname : Dhuha Majid Abdulraheem AL-MUSAWI