

# **Original Research Article**

## **Developing Cultural Competence Learning of the Nursing Students using Simulation Strategies: An Integrative Review**

### **ABSTRACT**

**Background:** Cultural competence is a foundation and pillar of health care that endeavors to minimize current disparities in conveying culturally sensitive and quality services. In health care, it assists in the delivery of culturally sensitive and high-quality services (Butler et al, 2016). It is an unceasing process of cultural awareness, knowledge, interaction, and sensitivity among caregivers and continuous acquisition of skills, practices, and attitudes that enables nurses to transform interventions into positive health outcomes (Smith, L 2018). It is the ability of a person to effectively interact, work, and develop meaningful relationships with people of various cultural backgrounds. Gaining cultural competence is a lifelong process of increasing self-awareness, developing social skills and behaviors around diversity, and gaining the ability to advocate for others.

**Purpose:** The objective of this literature review was to identify the current evidence available on the learning of cultural competence among nursing students using simulation strategies.

**Methods:** An integrative literature review was conducted systematically. The CINAHL particularly the Ebscohost and Goggle Scholar databases were searched for articles published between 2015 up to the present, resulting in including 13 articles in the review

**Result:** Most of the studies were quantitative (n = 12). 1 study is qualitative. 6 of the quantitative studies used a one-group pre-post-test design (n = 5), 1 study used a two-group pre-post design and quasi-experimental design was used, 6 study used post-test design in a form of survey. The sample sizes of the empirical studies ranged from 8 to 460. All of the empirical studies included undergraduate nursing students. Most of the studies were conducted in the USA (n = 10), one in Australia, and one study was done in 2 different countries, USA and Thailand .

**Conclusion:** Transcultural nursing is essential in daily nursing practice, and cultural competency is very vital . The ever-growing number of patients from various cultural backgrounds creates a major challenge for nurses to provide individualized and holistic care based on each patient's cultural needs. This requires nurses to understand cultural differences in healthcare values, beliefs, and customs. Nurses must be open-minded and have a positive interest as well as a sincere desire to learn other cultural ways.

**Keywords:** cultural competency, Learning, simulation, strategies

### **BACKGROUND**

Cultural competence is a foundation and pillar of health care that endeavors to minimize current disparities in conveying culturally sensitive and quality services. In health care, it assists in the delivery of culturally sensitive and high-quality services (Butler et al, 2016). It is an unceasing process of cultural awareness, knowledge, interaction, and sensitivity among caregivers and continuous acquisition of skills, practices, and attitudes that enables nurses to transform interventions into positive health outcomes (Smith, L 2018). It is the ability of a person to effectively interact, work, and develop meaningful relationships with people of various cultural backgrounds. Gaining cultural competence is a lifelong process of increasing self-awareness, developing social skills and behaviors around diversity, and gaining the ability to

advocate for others. It goes beyond tolerance, which implies that one is simply willing to overlook differences. Instead, it includes recognizing and respecting diversity through our words and actions in all contexts (de Guzman, 2016). Moreover, a wide variety of instruments have been developed to appraise cultural competence, each with their own undertakings about what constitutes cultural competence (Simpson, 2008). An increase in diversity among the population and, as a result, also patients, as well as the complexity of their care needs has been suggested to hinder patient-centered approach in care (Caspar et al., 2016, Heckman et al., 2017, Rassouli et al., 2020). Cultural competency is required in delivering safe care that meets patient's needs. (Marja, 2021) It is a broad concept with multiple theoretical underpinnings and conflicting opinions on how it should be materialized. While it is recognized that cultural competence should be an essential part of nursing clinical practice, literature in the context of learning cultural competence through simulation.

Patient-centered care is also an ethical base in healthcare and inevitably includes culturally competent care in valuing patients' rights, organizations and educators should develop and warrant culturally competent care (Rassouli et al., 2020). This has brought out a demand for recognizing learning methods that can enhance health care students' and professionals' cultural competence (Oikarainen et al., 2019). Simulation-based clinical education is a useful pedagogical approach that provides nursing students with opportunities to practice their clinical and decision-making skills through varied real-life situational experiences, without compromising the patient's well-being. (Kim, J, 2016). It has been widely acknowledged as a method for learning about patient safety in general (Levett-Jones and Lapkin, 2014). Simulation is a strategy to enhance clinical competence especially in diverse patients". It is used as a supplement to clinical preparation or for clinical remediation, and provides opportunities for students to practice clinical skills and interactions outside the actual patient setting; however, there is a need to identify the evidence available on learning cultural competence. The process enhances exposure to learning technology experiences with a greater emphasis on evidence and outcome-based education than process-based education (Li, 2021). Simulation provides "near-to-reality patient care scenarios" that can replace or amplify real experiences with supervision in an interactive environment (Brasil et al., 2018)

**OBJECTIVE:** The purpose of this review was to synthesize the major integrative framework (Cooper, 1982; De Souza and Carvalho, 2021; Ganong, 18987; Russel, 2005; Torraco, 2005; Whittmore & Knafl, 2005) and the research process (conceptual, empirical, interpretive and communicative phases) to identify the current evidence available on nursing students' cultural competence learning using simulation as a learning method. More specifically, the literature review was framed around the following research questions: What kinds of simulation methods and education contents concerning cultural competence have been included in simulation education in the field of nursing? In addition, what learning outcomes have been achieved using simulation for the purpose of acquiring cultural competence? Through this study, it will to explore how the nursing students learn and develop cultural competence through simulation strategies, to guide a post graduate students and supervisors in concluding integrative review in partial fulfillment of the award of doctorate degree.

## Literature Review

### **Description of the included studies and characteristics of participants**

Most of the studies were quantitative (n = 12). 1 study is qualitative. 6 of the quantitative studies used a one-group pre-post-test design (n = 5), 1 study used a two-group pre-post design and quasi-experimental design was used, 6 study used post-test design in a form of survey. The sample sizes of the empirical studies ranged from 8 to 460. All of the empirical studies included undergraduate nursing students. Most of the studies were conducted in the USA (n = 10), one in Australia, and one study was done in 2 different countries, USA and Thailand .

### **Simulation methods and educational content concerning cultural diversity**

The simulation methods used in this integrative literature review were diverse. They included low and high-fidelity simulations; simulation based learning experience, virtual simulation, 3d simulation, pre-briefing, cultural, and cross cultural collaborative simulation and role play. A study about pre-briefing simulation indicated that it is a vital tool to gain cultural competence and study away program can introduce students about the richness of cultural diversity, it increases cultural competence, improves self confidence and promotes reflecting and meaningful learning. In another study, using a well-designed, patient-facing simulation-based learning (SBLE) is effective in improving cultural congruence in rural nurse practitioner. Another study about SBLE says that there is a gap in how to prepare future nurse practitioner to provide culturally sensitive, holistic patient-centered care to a non-English speaking Hispanic patient, but participation in a single SP-SBLE can facilitate and enhance cultural competence, empathy and knowledge. One study about cultural simulation says that it provides health professional students and practitioners with strategies to communicate sensitively with culturally and linguistically diverse patients and another study says cultural empathy simulations have a significant impact on learners' attitude and behavioural intentions. A study about virtual simulation demonstrated an impact on knowledge and confidence of undergraduate nursing students from four countries. High fidelity simulation study says it improves critical thinking and learning retention. Exposing nursing students and staff nurses to high-fidelity simulation provide high level of learning satisfactions and boosts and advances professional nurses and students' self-confidence, thus advancing their competencies. Another study students retained more knowledge of new born assessment when participating in virtual simulation compared to traditional lab based activities. It could improve consistency in content delivery and students' knowledge acquisition. Cultural collaborative simulation significantly increases cross-cultural confidences. On a study about cross cultural simulation, study abroad simulation experiences are an effective pedagogy for bringing culturally different students together to increase knowledge, support confidence, increase cultural competence, and learn to work with others from a different culture. Faculty from other institutions should consider planning similar cross-cultural study abroad experiences based on lessons learned. A study about role playing says it contributes to the appropriate assessment of transgender patients where it entails compassionate approach. It also focused on simulation of difficult conversations with colleagues where it improved nursing student comfort

## Materials and Methods

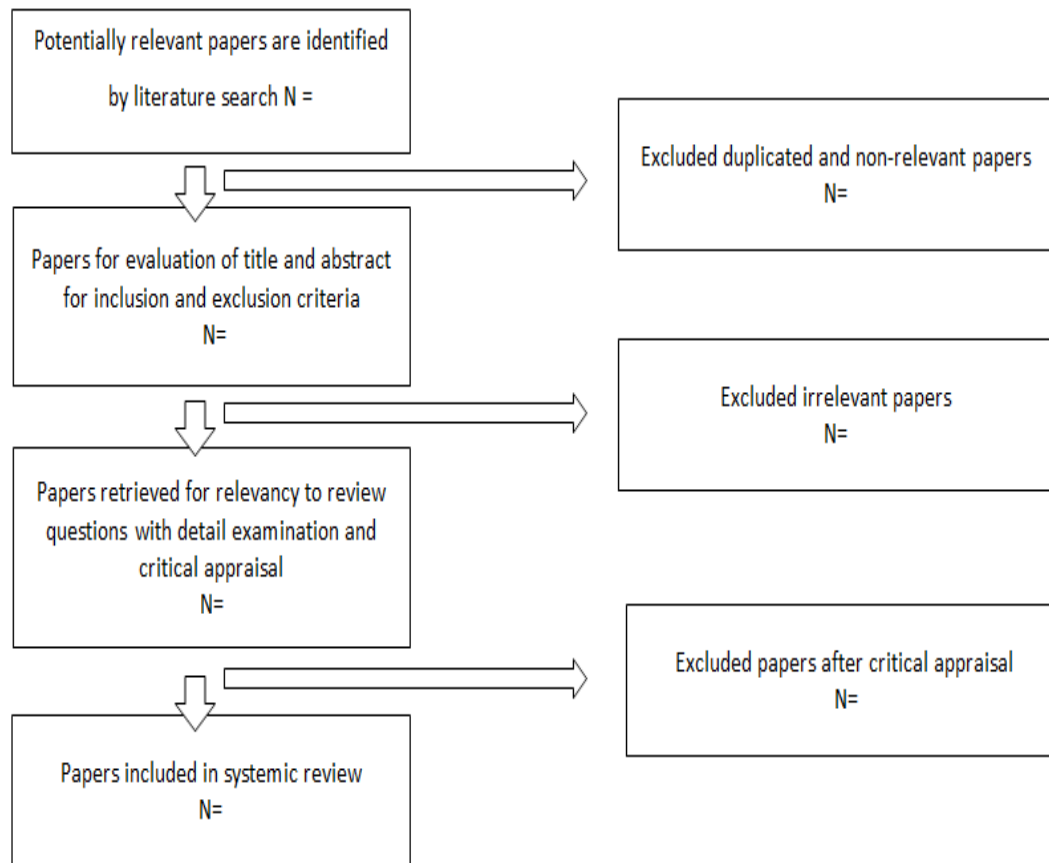


Figure 1: Flowchart Showing the Process of Searching and Selecting Articles for the Review

Table 1: General Characteristics of The Reviewed Studies

Author & Year	Aim	Setting	Methods/Designs/ Data Collection	Result
Andrews, I 2021	The focus of this study is to address gap by examining the use of pre-briefing as a tool; for building cultural competence during a study away service	USA	5 undergraduate social working students and 1 graduate nursing and 2 faculty members engaged in a seven-day immersive experience participating in well-established community-based activities. Pre-briefing sessions and	The results indicated that pre-briefing is a vital tool to gain cultural competence and study away program can introduce students about the richness of cultural diversity. It increases cultural competence, improved self-confidence and promotes

	learning programs		educational module was presented to the nursing students and cultural competence self-assessment tool was provided based on information from Purnell and Giger and Davidhizar's Transcultural Assessment Model. Data were collected using the cultural competence competency self-assessment tool, cultural competence quiz and the debriefing questions written reflections.	reflecting and meaningful learning. It provided insight into the importance of pre-briefing to participants of service training activities in a highly diverse environment, it also provides insights into how a domestic study away program can introduce students to richness of cultural diversity, help students explore diverse cultural perspective and understand their roles as HCPs while staying close to home.
Behnke, C Et.al 2021	The aim of this study was to enhance rural health NP students' cultural sensitivity, communication, and empathy in caring for Spanish-speaking Hispanic patients and families using a standardized patient SBLE in a rural primary care clinic.	USA	25 nursing students took the SBLE training. A single group completed the pretest and posttest surveys. "1 group: pretest-posttest" pre-experimental design using the TSET was used to obtain quantitative and qualitative data from nurse practitioner students participating in a simulation-based learning experience to measure students' self-perceptions of cross-cultural competence.	The quantitative and qualitative results of this study proved the SBLE makes students felt more prepared to locate tools and resources for their future interactions and how to communicate effectively and how to care for patients with diverse cultures. It supports industry calls for new models of NP education, which include using simulation experiences based on a known framework to standardize and measure clinical competencies. Students can be challenged and evaluated using standardized metrics and evaluation tools in a safe, nonthreatening clinical simulation environment with a standardized patient from a diverse cultural

				background.
Cantey, 2017	This study aims to address the SDH. On a parallel trajectory, increased cultural awareness is emerging as an integral strategy to improve the understanding of these social contributions to disease states, health inequities, and health disparities.	USA	18 undergraduate nursing students developed modalities and role-played simulations as a teaching and learning strategy. The simulations demonstrated how nurses assess patients' unique needs and offer support and resources regarding patients' socioeconomic, cultural, and environmental needs.	The student-developed simulations improved students' interpersonal skills, specific nursing roles and widened their cultural awareness. Role playing was used to evaluate patient's personal needs, supporting patients and understanding their possibilities behalf of their socioeconomic environmental and cultural resources.
Fioravanti et al., 2018	This project combines cultural competency education, simulation, and educating students to use screening, brief intervention, and referral to treatment for alcohol and other drug use.	USA	119 Junior-level baccalaureate nursing students participated in Cultural Diversity Survey, pre-and post-simulation. Culturally diverse simulation scenarios were developed and used in the simulation lab with students to reduce stigma surrounding other cultures while learning an evidence-based practice to screen and intervene with patients who use/misuse substances.	The students' self-rating of cultural awareness, sensitivity, cultural competence and behavior increased significantly from pre simulation to post simulation measure. After simulation, the students were able to apply culturally competent care knowledge with patients who uses or misuse alcohol and other substances
Garrido, M Simon, R 2016	This study aims to determine the effect of cultural simulation to provide health professional students and practitioners with	South East Florida, USA	The extremely diverse 64 FEP students were admitted to the BSN/MSN program to undergo cultural simulation scenarios. The tool selected for this study was the	Cultural competence between subsequent semesters after exposure to cultural simulations increased. This diverse group of students in a BSN/MSN program made improvements in the

	strategies to communicate sensitively with culturally and linguistically diverse patients. It reports both traditional and innovative technology-based teaching strategies that increased cultural competencies.		IAPCC-R. Data were analyzed using SPSS Version18.	process of becoming cultural competent future health care providers. Nurses cannot have in-depth knowledge of all cultures. Becoming familiar with collectivistic and individualistic cultures is only a starting point. However, they can have a generic guide for assessing patients' beliefs and values regarding health and nursing care.
Jones, E et.al (2019)	To evaluate the impact of a 3D cultural empathy simulation on second year nursing students' attitudes, subjective norms, perceived behavioural control, and behavioural intentions	New South Wales , Austr alia.	460 second year students participated in this study. 241 participants were in the experimental group and 219 in the control group. A quasi-experimental design was used to enable comparison between a control and an experimental group. The participants were randomly allocated into the two groups before the 3D simulation. The experimental group completed the TPB:CCQ after participating in the simulation, and the control group completed the survey and then had the opportunity to attend the cultural simulation. Statistical analysis was conducted using SPSS.	The results demonstrated that the experimental group had higher attitude scores than those in the control group. As attitude is the strongest predictor of intention, this result indicates the potential for the cultural simulation to enhance nursing students' recognition of the value of cultural competence. It suggests that because attitude is a critical factor for influencing participants' behavioural intentions, it should be included as an important construct in future cultural competence training studies. The participants who were exposed in 3D simulation have higher behavioural intention in the development of a personal conviction with regard to the importance of cultural competence.
Fuselier et al., 2016	This study aims to describe simulation	USA	This pilot study used a qualitative approach to recruit 38 BSN nursing	Major findings revealed four themes: 1) color of manikins makes no

	focused on the type of manikins and its impact on learning on the color of the manikins.		students who participated in focus groups, responding to questions regarding the use of manikins of color in the simulation labs.	difference in skill development, 2) use of manikins of color does not necessarily complement clinical experiences, 3) manikins help to learn/practice skills and build confidence and 4) manikin features are not realistic. manikins of color did not prompt students to think about their care to patients of color while practicing basic skills or engaging in patient care. Merely using manikins of color did not heighten students' sense of cultural diversity or cultural competency in the simulation labs.
Kessler, T Kost, G 2021	This study focuses to describe the innovative process that occurred between students from two universities in the US and Thailand, lessons learned, and research outcomes for improving confidence and cultural competence to provide care and work with others from another culture.	USA, Thailand	35 undergraduate students participated in one of the two simulation scenarios. To evaluate the experience, a quantitative/qualitative design with pre-test/post-test assessment was used. The pre-/post-test design used a 26-item questionnaire with open-ended and closed items to measure confidence, satisfaction, collaboration, role implementation, and communication. Qualitative data were analyzed using content analysis to identify categories.	<b>Student's confidence increase significantly following across culture.</b> whether delivered in Thai or English. Findings supported a successful opportunity to collaborate cross-culturally which led to <b>increase knowledge and foundation for future work</b>
Kock, A et al	This study aims to increase student	USA	72 pre-licensure nursing students role-played a	The finding shows that simulation has the ability

(2021)	knowledge and comfort with caring for a transgender individual and confronting colleagues when exhibiting poor cultural intelligence.		simulation created as an interactive learning strategy to promote culturally sensitive assessment of a transgender patient and their caregiver, including assessing for pronouns and providing patient-centered care. 29 completed the posttest evaluation survey. Mixed methods analysis was used to review the qualitative data and analyze the findings.	<b>To reduce discomfort and discrimination in health.</b> care for transgender patients by equipping students with culturally sensitive and inclusive <b>communication tools and providing them risk free from environment</b> where they can learn to provide care for this vulnerable population in preparation for successful future encounters.
San, E 2018	It aimed to improve students' knowledge, skills, and attitudes with regard to providing culturally competent nursing care	USA	53 nursing students participated in DSPTS cultural competence education strategy on students' transcultural self-efficacy, guided by the Cultural Competence and Confidence Model, this grant-funded, longitudinal, one-group, pretest and posttest study used the Transcultural Self-Efficacy Tool (TSET) to examine the effect of the Diverse Standardized Patient Simulation (DSPTS).	The DSPTS influenced statistically significant increase in students' transcultural self-efficacy perceptions. All students regardless of background benefited from formalized cultural competence education. . The student TSE scores increased significantly after SPS, regardless of the students' demographic variables. Learning in all domains showed the greatest achievement in cognitive learning
Turkelson , C Cooper, D 2021	This study focuses to address gap as well as the recommendation to enhance cultural sensitivity and empathy of	USA	26 NP students participated in this study and a quasi-experimental design was used to evaluate the use of a SP-SBLE on NP student empathy, communication, and	The SP-SBLE facilitated NP <b>awareness, empathy and readiness for practice</b> with Hispanic patients with limited English proficiency. It provides support for the use of simulation as an effective strategy enhancing

	healthcare providers serving rural and underserved populations.		cultural competence. The Rural Characteristics tool (RCT) was used. 27-item scale asks students to rate their <i>knowledge</i> of issues/concerns in six broad categories relevant to providing rural healthcare (e.g.: rural environment, risk factors, health care access, available technologies, nursing practice.)	learning in NP programs. SP-SBLE was a valuable and <b>realistic experience that facilitated cultural awareness, empathy and readiness for practice</b> with patients who do not speak English from another culture
Weideman, Y Et.al 2016	This study aims to design, implement, and evaluate a virtual simulation experience (VSE) facilitating student access to diverse cultures and strengthening their ability to provide culturally congruent care.	USA	136 Nursing students participated in Virtual Simulation. Faculty from two universities collaborated in designing a pre/postnatal VSE with African American and Amish patients. Students viewed patient assessments, interacted with patients, worked in teams to develop culturally appropriate care plans, and engaged in debriefing. Outcomes measurements included Jeffreys' Transcultural Self-Efficacy Test (TSET), a care plan rubric and post survey Qualitative data: Focus group interviews.	Doing a culturally appropriate care plan to patients from Amish and African Culture. VR improved the students' perceived clinical cultural competence. The overall TSET scores increased statistically. After the VR the students managed planning culturally appropriate care

Table 1. Included studies.

NP=Nurse Practitioners  
 SP=Standardized Patient  
 FEP= Foreign educated professionals  
 SBLE=simulation-based learning experience  
 TSET=Transcultural Self-Efficacy Tool  
 CSE=clinical self-efficacy

IAPCC= Inventory for Assessing the Process of Cultural Competency among Health care Professionals-Revised

HFS= high-fidelity simulation.

TTPB: CCQ=Testing of the Theory of Planned Behaviour: Cultural Competence Questionnaire

LFS = Low fidelity simulation

SPS = Standardized Patient Simulation

VR = Virtual simulation

VSS = Video streamed simulation

HFS = high-fidelity (manikin) simulation.

ASDH=social determinants of health

### **Data Collection**

With the aim to obtain the broad understanding of the current evidence regarding how the nursing students learn cultural competency with the use of simulation strategies, Whittemore (2005)'s integrative review method was applied. The Integrated literature allowed the use of findings from experimental and non-experimental to understand the phenomenon. It merely focused on the integration such as wide range of proposes like definitions of concepts, evidences, understanding the theories overview and methodological implications certain topic (Whittemore & Knafl, 2005). As a result, a well-executed ILR may contribute to the development of theory and have applicability to practice, and potentially inform research and policy (Whittemore & Knafl, 2005). The integrated review provides comprehensive learning in the nature of subject under study. This is vital in examining the text of all articles.

### **Data evaluation**

Further, an ILR examines previous literature "with a particular lens defined by the articles objectives" (Torraco, 2005), and does not scrutinize every feature of previous research (Torraco, 2005). An integrative literature review was conducted systematically. The data were collected from the CINAHL, particularly the Ebscohost, and Google Scholar in collaboration with a library information specialist. The databases were searched for peer-reviewed articles published between 2015 up to the present using broad search terms, mining reference list of selected articles and reviewing recommendations from experts. The data were analyzed using descriptive synthesis. Databases were searched using the key terms cultural competency, nursing student, learning and simulation and their combination using appropriate AND. As the researchers seek to understand and described the various approaches to cultural competence in the variety of contexts, inclusion and exclusion criteria will be thought and identified. English language articles were utilized in the study with qualitative approaches, quantitative approach or mixed method that was relevant in the study allowing the combination of diverse methodologies and greater breadth. Abstracts were read for relevance and the number of articles for consideration was noted. The articles were selected according to selection process like forms in synthesis of integrated literature review like research agenda, conceptual models and alternative models. The exclusion criteria included books reviews, and articles written other than English languages, anonymous articles and unavailability of full articles. Quality assessment of the articles was based on the main objective criteria, the study question, and the relevance of articles (Whittemore & Knafli, 2005). Then next step was thorough reading of the

entire articles and reviewed. Finally, a checklist was designed based on the type and design of the study, studied population, data gathering tool, data analysis, and ethical considerations. Articles were evaluated using this checklist. The data were extracted according to the purpose of the study. Critical analysis and synthesis were used to generate new knowledge (Torraco, 2005). The author used code sheet to record information. The primary search yielded 7600 papers. The search and selection process were performed by two independent researchers following the PRISMA guidelines (Moher et al., 2009), (Fig. 1). In every data selection phase, the research process progressed systematically, and the researchers reflected on the process in joint discussions where necessary. After the assessment of the titles and abstracts of the obtained studies according to the inclusion criteria, a total of 18 articles proceeded to full text assessment. Finally, 12 of the studies were selected for further methodological quality evaluation.

### **Data analysis**

The data were analyzed using inductive, descriptive synthesis (Polit and Beck, 2012). The research questions were used as the basis for searching the data for relevant expressions, which were then further tabulated. To synthesize the data, tabulation was used to search the data for similarities and differences and further organize them into categories named according to the content.

## **RESULT**

This integrative literature review sought evidence on the learning outcomes of using simulation strategies for learning cultural competence of nursing students. Here are the learning outcomes:

### **Concept of culture/cultural diversity**

Cultural diversity is synonymous with multiculturalism. Multiculturalism is defined by Encyclopedia Britannica as “the view that cultures, races, and ethnicities, particularly those of minority groups, deserve special acknowledgment of their differences within a dominant political culture.” Cultural competence is the ability of a person to effectively interact, work, and develop meaningful relationships with people of various cultural backgrounds. Cultural background can include the beliefs, customs, and behaviors of people from various groups. Gaining cultural competence is a lifelong process of increasing self-awareness, developing social skills and behaviors around diversity, and gaining the ability to advocate for others. It goes beyond tolerance, which implies that one is simply willing to overlook differences. Instead, it includes recognizing and respecting diversity through our words and actions in all contexts.

Cultural competence is "the process in which the nurse continuously strives to achieve the ability and availability to effectively work within the cultural context of a client individual, family or community" ( Campinha-Bacote, 1998) This process requires nurses to see themselves as becoming culturally competent, rather than being culturally competent. It includes consideration of cultural desire, cultural awareness, cultural knowledge, cultural skill (conducting culturally sensitive assessments) and cultural encounters ( Campinha-Bacote, 1998)

### **Learning cultural competence during simulations**

Learning is most effective when learning is engaged in structured activities that includes abstract conceptualization, active experimentation, concrete experience and reflective observation (Victor-Chmil,2016). *Knowledge of cultural competency* was enhanced with an overall understanding of the cultural competence resources (Mager and Grossman, 2013). Simulations provided cultural encounters and learning opportunities that the students recognized and generally valued. This integrates the students' perception and experience of caring for culturally diverse patients, including the perceived barriers or difficulties to provide culturally mindful and safe nursing care, and the strategies employed to overcome them. Simulation fosters the affective, cognitive, psychomotor domains of learning simulation boosts and advances professional nurses and students self-confidence. The use of simulation as an educational tool is becoming increasingly prevalent in nursing education, and a variety of simulators are utilized. (Shin, 2014). *Learning culturally competent nursing skills* was considered important and the simulations promoted the learning of nursing-related skills (Fuselier et al., 2016, Kron et al., 2017, Ozkara San, 2015, Ozkara San, 2019). Simulations also improved interpersonal skills and fostered both learning specific nursing roles (Cantey et al., 2017) and practicing nursing skills (Fuselier et al., 2016, Kron et al., 2017). Moreover, simulations provided the participants with skills in preparing a culturally appropriate care plan (Weideman et al., 2016) and was an effective method for knowledge transfer from classroom practice to realistic clinical situations (Kron et al., 2017). tones used on the manikins failed to reflect actual nursing practice and therefore did not enhance the students' sense of cultural diversity or cultural competence in the simulation (Fuselier et al., 2016).

### **Culturally competent communication skills**

*Culturally competent communication skills* were mentioned as a learning outcome in 2 of the studies chosen to this review. These skills emerged in learning to use situation-specific and respectful interviewing skills (Foronda et al., 2018, Hickerson et al., 2018, Ndiwane et al., 2017, Ozkara San, 2019). They also included the use of general communication skills in situations including cultural aspects, including compassionate conversations, use of non-verbal communication and culture-specific gestures and taking into account different beliefs concerning health information (Kron et al., 2017, Min-Yu Lau et al., 2016). Other aspects of communication emphasized included better skills in using language openly, providing patients with a safe space (Hickerson et al., 2018) and having an improved understanding of and comfort level with cross-cultural communication skills (Arif et al., 2017). In caring it is important to look at different aspects such as communication, understanding, and competence means not just understanding and appreciating a few other cultures, but rather being able to function competently in any cultural setting in which you find yourself. (Marek, 2019).

### **Enhancing self-awareness towards cultural competence**

Cultural competence begins with an awareness of one's own cultural beliefs and practices, and the recognition that others believe in different truths/realities than one's own (Kohli et al., 2010). This involves awareness of one's own biases or prejudices and is rooted in respect, validation and openness toward differences among people. *Enhancing self-awareness towards cultural competence* has often been identified as a major outcome of cultural learning in health care education. Self-awareness is the process of observing, reflecting, and evaluating

one's feelings and thoughts to reduce personal biases (Gottlieb, 2014). The students learned the importance of a nonjudgmental attitude in patient care (Weideman et al., 2016) and undergoing intrapersonal, e.g. cognitive, affective or motivational, changes in cultural attitudes to have sufficient competence as nurses (Ward et al., 2018). The simulations enabled the students to develop their empathy in general (Mager and Grossman, 2013, Ward et al., 2018) and in connection with specific issues, such as attitudes towards poverty and those living in poverty (Cantey et al., 2017, Yang et al., 2014). In addition to expanding culturally positive and accepting insight and understanding (Foronda et al., 2018), the students' culturally competent behavior and actions, increased significantly (Fioravanti et al., 2018). On the other hand, the nursing students overestimated their cultural competence compared with objective measurement, which indicates that a patient simulation using only a manikin might not be a sufficient approach for supporting cultural awareness and needs to be accompanied with other methods (Harder, 2018).

## **Discussion**

The learners-centered approach to teaching and learning (simulation strategies) is supported by experimental learning theory. As Brookfield (1983) in Muhammed (2015) opined that writers in the field of experimental learning have tended to use the term in two contrasting senses. On one hand, the term is used to describe the sort of learning undertaken by students who are given a chance to acquire and apply knowledge, skills and feelings in an immediate and relevant setting. Experimental learning thus involves a direct encounter with the phenomena being studied rather than merely thinking about the encounter, or only considering the possibility of doing something about it, learners-centered approach to teaching and learning offers just that the second type of experimental learning is education that occur as a direct participation in the events of life (Houle, 1980). Simulations can be used as part of the process of learning rather than as a summative measure of it. Use follow-up activities to establish a measure of comprehension and as a de-briefing mechanism when students return to reality (e.g. use reflection on the process as the assessable component of the activity, rather than participation in the simulation itself). Simulations promote the use of critical and evaluative thinking. Because they are ambiguous or open-ended, they encourage students to contemplate the implications of a scenario. The situation feels real and thus leads to more engaging interaction by learners. It further promotes concept attainment through experiential practice. They help students understand the nuances of a concept. Students often find them more deeply engaging than other activities, as they experience the activity first-hand, rather than hearing about it or seeing it.

Healthcare professionals should be competent to care for patients, families and groups from different cultural backgrounds. According to Shepherd, "when nurses provide culturally sensitive care, clients are more likely to report greater satisfaction with care". Therefore, nurses need to be culturally mindful of their clients' individual needs and adapt their practice in order to provide culturally safe and equitable care for all. However, nurses and other healthcare professionals may lack the knowledge, skills and attitudes necessary to provide equitable care for all, including those from a different cultural background. Communication difficulties, in particular, pose significant difficulties in cross-cultural care encounters.

Patient-centeredness is the right of every patient but is not always easy and natural to implement in busy health care organizations and demanding caring situations (Rassouli et al., 2020). This review highlighted the fact that by integrating cultural knowledge into health care simulation education can improve the skills of health care students to focus more on patients' individual needs. Simulations can be used effectively for purposes such as supporting culturally diverse patient groups, as this enables integrating cultural elements into different professional training and deepening the participants' overall understanding of both patient-centered and cultural practices. (Arif et al., 2017; Kron et al., 2017; Min-Yu Lau et al., 2016). Health care professionals may unintentionally offend patients if they are unable to sufficiently understand cultural and vulnerability factors affecting the patient's needs also in caring situations. In the studies included in the present review, cultural competence education was offered through variety of different applications of simulation education, e.g. video-streamed and virtual reality simulations. As the use of technology-based teaching approaches is rapidly increasing, there is a need for more knowledge of the usability of the methods and as well as evidence of the effectiveness of scenario-based simulations compared with approaches such as web-based teaching. Previously, a web-based cultural competence curriculum and training with audio-visual methods considerably improved the achieved outcomes compared with traditional teaching methods, since they provided a visual representation of real situations of clinical care (Carpenter et al., 2015, Livesay et al., 2017). Furthermore, in this review, the use of audio-visual methods was shown to improve user satisfaction by enabling self-management, repetition and strengthening self-efficacy in diverse cultural situations, e.g. in transcultural nursing situations (Ozkara San, 2019, Weideman et al., 2016) and in identifying poverty issues in care (Strasser et al., 2013).

## **Conclusion**

Transcultural nursing is essential in daily nursing practice, and cultural competency is very vital, nurses have the most intimate contact with patients and are responsible for formulating care plans that help meet the individual needs of patients, it is a necessity for nurses to understand, appreciate, and respond to the patients' cultural preferences. The most effective way to accomplish this is for nurses to increase their awareness of cultural differences and become knowledgeable about the cultural preferences of their patients under their care.

Nursing students need to build their self-confidence to cope with complex clinical situations, and practicing nurses must maintain and boost their self-confidence to provide safe, accurate, and high-quality patient care. Exposing nursing students and staff nurses to high-fidelity simulation can their self-confidence, thus advancing their competencies.

## **References**

- Andrews, M.M. (2003). Culturally competent nursing care. In M.M. Andrews, J.S. Boyle, & T.J.Carr (Eds.), *Transcultural concepts in nursing care* (pp. 18-23). Philadelphia: Lippincott Williams & Wilkins.
- Butler M, et.al 2016 *Improving cultural competence to reduce health disparities*. Rockville (MD): Agency for Healthcare Research & Quality
- Campinha-Bacote, J , 1999 *A model and instrument for addressing cultural competence in*

- health care* J. Nurs. Educ., 38 (5), pp. 203-207
- Caspar et al., 2016 *The influence of organizational systems on information exchange in long-term care facilities* Qual. Health Res., 26 (7), pp. 951-965
- Cruz JP, et al. 2018 A Multicountry Perspective on Cultural Competence Among Baccalaureate Nursing Students. J Nurs Scholarsh.; 50: 92–101.  
<https://doi.org/10.1111/jnu.12350> PMID: 28960801
- Da Costa Brasil, G., et.al, 2018. Use of the design and self-confidence scales in the assessment of maternal-child realistic simulation. Revista de Enfermagem Referencia, 4(19), 117-125.
- De Guzman et. Al 2016 Cultural Competence; An Important Skill Set for the 21st Century Index: Youth & Families, Families
- Henderson et al., 2018 *Cultural competence in healthcare in the community: a concept analysis* Health Soc. Care Community, 26 (4), pp. 590-603
- Kim et al., 2017 *Effect of step-based prebriefing activities on flow and clinical competency of nursing students in simulation-based education*
- Kohli, H. K., et.al, 2010 'Historical and theoretical development of culturally competent social work practice', Journal of Teaching in Social Work, vol. 30, no.3, pp.252–271.
- Lorentz, M 2008 Transcultural Nursing: Its importance in nursing practice Journal of Cultural Diversity
- Moher et al., 2009 *Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement*
- Polit and Beck, 2012. Nursing Research: Generating and Assessing Evidence for Nursing Practice (9 ed.), Wolters Kluwer Health/Lippincott Williams & Wilkins, Philadelphia
- Rassouli et al., 2020 *Limping along in implementing patient-centered care: qualitative study* Nurs. Pract. Today, 7 (3) (2020), pp. 217-225
- Sharifi et al., 2019 *Cultural competence in nursing: a concept analysis* Int. J. Nurs. Stud., 99 (2019), Article 103386
- Smith and Foley, 2016 *Transforming clinical education in obstetrics and gynecology: gone is the day of the sage on the stage* Obstet. Gynecol., 127 (4) (2016), pp. 763-767
- Whittemore and Knafl, 2005 *The integrative review: updated methodology* J. Adv. Nurs., 52 (5), pp. 546-55
- Wurth, K et.al 2018. their view: difficulties and challenges, patient's and physician in cross- cultural encounters and a medical ethics perspective. BMC Med Ethics 19: 1-10