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"Cultural awareness requires more than theoretical education" - Nursing students' experiences

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ABSTRACT

Cultural awareness in healthcare providers is considered one of the most important factors in improving the efficiency and quality of care in a diverse population. Thus, education in cultural awareness needs to be an essential component in nursing education. This study, which uses a qualitative design, aimed to investigate cultural awareness in nursing students in Sweden. Focus groups were used to collect data from 12 students. Three categories were identified as follows after qualitative data analysis of the interviews: 1) desire to learn, 2) learning by doing and 3) caring beyond boundaries. The result clearly indicates that students are willing to learn more about how to care for people with different cultural backgrounds. However, this learning is not always available in official lecture-based education. In fact, most awareness about cultural aspects of healthcare is developed from practice and informal education.

Finally, the result also revealed the importance of nurses being able to see the individual beyond the culture, and being aware of their own prejudice. In conclusion, education offers limited opportunities for nursing students to become culturally aware. Nursing education can be improved by strengthening both theoretical and practical tasks involving cultural awareness.

1. Introduction

The world is facing a significant increase in the migrant population (Lee, 2015), and the increase in the proportion of migrants will place further demands on healthcare services. Healthcare associates and authorising bodies have emphasised the importance of ensuring that healthcare is individually appropriate, irrespective of age and ethnic or cultural factors, and that it includes respect for human rights, values, customs and beliefs (SFS, 2017:30, SFS, 2014:821) United Nations, 2018).

Cultural competence begins with cultural awareness (Campinha-Bacote, 2002; Mcfarland and Wehbe-Alamah, 2018; Papadopoulos et al., 1998; Tomalin and Stempleski, 2013). In a multicultural society, cultural awareness can enable communication and decrease the risk of confusion and mistrust between people (Tomalin and Stempleski, 2013). Papadopoulos, Tilki and Taylor model for developing cultural competence (1998) describes four stages: 1) cultural awareness is about being aware that people's culture and background influence their behaviour and attitude, and being able to distinguish and describe cultural differences on this basis: 2) cultural knowledge includes health beliefs and behaviours, anthropological, sociological, psychological and biological understanding, similarities and differences and health. Cultural knowledge can be achieved through meaningful contact with people from different ethnic group; 3) cultural sensitivity include how professionals view persons in their care and 4) cultural competence involves the combination and use of previously gained awareness, knowledge and sensitivity (Papadopoulos et al., 1998). There are three phases that a nurse must go through to develop transcultural knowledge (Leininger and Mcfarland, 2002). First, awareness and sensitivity are needed to understand similarities and differences between different cultures. Subsequently, an in-depth knowledge of theories and research-based transcultural care skills is needed. After this, the nurse needs to use creative and documented knowledge of transcultural nursing and be able to evaluate the result in the care. According to the Swedish Higher Education Act (SFS, 1992:1434) cultural awareness, internationalisation and raising awareness of different cultural contexts are important goals in higher nursing education in Sweden. This means that nursing students need to be supported in developing skills in cultural awareness and cultural competence. Different learning activities such as lectures, tutorials, clinical skills and guided reflective practice can be used in

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order to support the students to reach these skills. The actual Nursing school chooses how these subjects are best taught to their students. An appropriate educational strategy for nursing student can play fundamental role in preparing health care providers knowledge and skills to provide culturally appropriate care (Holland, 2017). The nursing education in Sweden, regulated in the Swedish Higher Education Act (SFS, 1992:1434 and SFS, 1993:100) has general as well as national goals. The Nursing education is a three-year higher education, of 180 credits, with at least 90 credits in nursing science. The students get a double degree, Bachelor of Science in Nursing (registered nurse) as well as Bachelor of Medicine in Science in Nursing. The proportion of theoretical studies and clinical skills and practice can differ between the nursing schools throughout Sweden. Cultural awareness is important in healthcare as it improves efficiency, patient satisfaction and the quality of communication (Foronda, 2008). There are, however, signs that nursing students lack the knowledge and cultural awareness to meet the demands introduced by these laws, as detailed cultural concepts and skills are not included in the nursing content of curricula (Mareno and Hart, 2014). However, they will need to be incorporated if levels of cultural competence are to be improved (Reyes et al., 2013). Previous studies have highlighted the existence of this problem, and point to the need to investigate cultural awareness in nursing students' education.

A literature review found conflicting results in terms of cultural competence in nursing students. Previous quantitative studies investigated the level of cultural competence among nursing students in the Philippine (Cruz et al., 2016), Turkey (Meydanlioglu et al., 2015) and Finland (Repo et al., 2017) found that the level of cultural competence in nursing students was moderately high. Another study in the United States (USA) showed perceptions of cultural competence in nursing students who were about to graduate were significantly higher than perceptions in nursing students just beginning their course (Reyes et al., 2013). Further, a recent quantitative study in Swedish context found that the level of cultural awareness in nursing students was moderately high (Safipour et al., 2017). In contrast, a previous quantitative study in USA (Mareno and Hart, 2014) and a previous qualitative study in Canada (Vandenberg and Kalischuk, 2014) found low cultural competence in nursing students. Past research in Sweden identified that few nursing schools provide training related to cultural competence for students (Momeni et al., 2008). In agreement with above mention result another study suggest including cultural competence education in the nursing program (United states) (Sargent et al., 2005). In this line, a study in Sweden also revealed that cultural awareness is highly related to the student's personal experience and it can be develop through student exchange program (Bohman and Borglin, 2014). Cultural awareness described as a process of learning and self-reflection rather than a static state of practical or theoretical knowledge that may not be develop just by the means of formal education (Campinha-Bacote, 2002). However, education consider as a first step toward developing cultural awareness for students (Walton, 2011) including critical consideration of cultural proportions, the role cultures play in daily lives and how culture affects cross-cultural interactions (Ong-Flaherty, 2015).

In summary, we have found only a previous quantitative study (Safipour et al., 2017) that investigated nursing students cultural awareness. There is still continuing attempt to provide appropriate methods for increasing cultural knowledge of nursing students (Lipson and Desantis, 2007) and including this component in education is highly recommended (Marcinkiw, 2003; Ong-Flaherty, 2015). The disparity related to the level of cultural awareness of nursing student and the role of education highlights the importance of investigating nursing students' cultural awareness using a qualitative approach, in order to confirm results from previous studies and to obtain a more wide-ranging understanding of the area in question.

2. Aim

The aim of this study was to explore nursing students' experiences of cultural awareness during their education.

2.1. Research design

An exploratory qualitative approach was used for the current study. This approach helps the researchers to explore deeply subjective experience and perspective of the study target population (Creswell, 2007). Focus groups were used for data collection, as the group process enables members to express thoughts, opinions and perceptions through discussion. (Krueger and Casey, 2015).

2.2. Methods

Purposive sampling was used to recruit participants in the last semester of their Bachelor of Science nursing degree in two different universities in southern Sweden (Krueger and Casey, 2015). To make contact with participants and obtain permission for the study, the authors contacted the respective heads of departments for the undergraduate nursing programme by phone or email. After approval was obtained for the study, the teachers were requested to invite students in the sixth semester of the undergraduate nursing programme to participate in an information session. One session was held at each university. At each session, the authors provided verbal and written information about the aim and implementation of the study, along with ethical considerations. Those interested in participating gave their contact information to the authors, who after 3–7 days contacted them to set a time and place for the interview. A total of 12 undergraduate nursing students from two different universities in Sweden were included in this study. The participants were all women, born between 1989 and 1994. Ten of them were born in Sweden, one in Norway and one in England. Two participants were born in Sweden but one of their parents was born in England in one case, and Chile in the other.

Focus groups were used for collecting data, and four focus groups, each consisting of 2–6 participants, were conducted during 2016. The interviews were guided by a semi-structured interview guide based on two previous quantitative studies (Safipour et al., 2017; Hadziabdic et al., 2016). The questions involved the students' experiences of cultural awareness during their education as what does cultural awareness mean to you? Has the education given you the prerequisites for unfolding cultural awareness in both theoretical and clinical parts, and, if so, in what way? Further questions were asked about how best to develop cultural awareness and the contribution of nursing education. All interviews were held in a secluded room at the respective universities. The interviews were conducted by three authors in each group, one author assisted as moderator and one as assistant moderator. Three focus groups were conducted lasting about one hour, and each one involved two to six students. In the focus groups discussions the authors sought to explore the range of perceptions of students, to obtain maximum variation and study the research question in depth (Krueger and Casey, 2015). Participants in focus groups share their experiences, and group interaction can have a positive impact, encouraging them to relate more or less unconscious understandings which may not emerge in an individual interview (Patton, 2015; Krueger and Casey, 2015). On the other hand, interaction in the group can affect individual participants adversely if it leads to feelings of exclusion, making the participant feel overwhelmed by the group's views. To create a relaxed atmosphere in the group, the moderator's task was to direct the discussion and keep it moving, and the assistant moderator took comprehensive notes and asked additional questions (Krueger and Casey, 2015). The moderator and assistant moderator summarised the discussions directly after each interview, in terms of what informants had said and how the group had interacted. All groups involved lively, supportive communication and body language, which indicated that the students were

Table 1
Nursing students'experiences of cultural awareness, illustrated in three categories with accompanying dimensions illustrating variations within the categories.

Category	Dimensions
DESIRE TO LEARN	• Want more knowledge in order to become culturally aware • Want to learn by interacting with other cultures
LEARNING BY DOING	• More than language differences • Knowledge about health systems in other cultures • Interpreters or other appropriate ways of communicating help understanding
CARING BEYOND BOUNDARIES	• Individual experiences more than cultural background • Important to see beyond own prejudice and respecting the patients integrity

actively engaged. The focus-group interviews were recorded and transcribed verbatim, two by a professional secretary and one by the first author (SH).

2.3. Analysis

The gathered data were analysed according to the content qualitative analysis for focus groups described by Krueger and Casey (2015), in order to identify patterns and discover relationships between perceptions in the data.

The following steps were involved in analysing the data: 1) the data were read several times by all authors to obtain a comprehensive picture of the area in question; 2) then the text was read line by line and coded by authors, which means that different dimensions of the text were labelled with a code that briefly described the content of the text; 3) the codes were compared and contrasted and those with similar meaning were brought together into similar dimensions; 4) the dimensions were given a name; 5) dimensions with similar content were grouped together in relation to each other, to form categories (Krueger and Casey, 2015) There were a discussion concerning the grouping of the dimensions into categories between all authors. The analysis was an ongoing, dynamic process, meaning discussions and comparisons were made by all authors during the whole analysis between the main text, the dimensions, the categories and the text as whole. The analysis was kept as close to raw data as possible to avoid as much interpretation as possible. This can be viewed as a form of reflexivity in qualitative research which deals with the authors trying to help each other to be aware of how they individually and interactively affect and are influenced by research (Palaganas, Sanchez, Molintas & Caricativo, 2017).

2.4. Rigour

Trustworthiness was ensured during the process of analysis as follows: 1) all authors read the transcribed interviews to obtain a comprehensive picture of the data. First author (SH) took main responsibility in analysing the data, and the co-authors double-checked the content and grouping of the categories and dimensions in order to confirm findings and ensure credibility; 2) categories were named as closely as possible to the content of the text to ensure confirmability and 3) the study process was described as clearly as possible to ensure dependability (Patton, 2015).

2.5. Ethical consideration

Approval by an official research committee was not required according to Swedish law on the regulation of ethical research involving humans (SFS, 2008:192), as the study presented no physical or psychological risk to the participants and did not involve subjective data on them. In keeping with common ethical principles (WMA (World Medical Association), 2013) and Swedish law concerning the regulation of ethical research involving humans (WMA (World Medical Association), 2013) the data were analysed and presented at group level, in a way which concealed the participants' identity in publication. To avoid students to feel compelled to participate none of the authors knew or lectured the students. In the beginning of the focus group an agreement was made by all group members that what was said in the group stayed in the room in order to protect anonymity among participants. Furthermore, participants received consent form and verbal and written information about their right to withdraw from the study at any time with no further explanation, and about the aims and implementation of the study, indicating how it focused on cultural awareness from their perspective. Data were stored in a locked space which could only be accessed by the authors. After the interview the participants were given the opportunity to contact the authors to read the transcribed scripts, which no one chose to do.

3. Findings

Three categories were identified. These partly overlap but are still distinct concepts. In the findings the three categories and their accompanying dimensions are presented. The dimensions are supported by illustrative quotations. Nursing students' experiences of cultural awareness, illustrated in three categories with their accompanying dimensions (see Table 1).

4. Desire to learn

The students suggested they had a certain cultural awareness in the form of theoretical knowledge and understanding of cultural differences. It emerged that they did not receive this cultural awareness during the course of their education, but through practice and through seeking this knowledge themselves.

4.1. Want more knowledge in order to become culturally aware

In all focus groups it was found that there was no precedent for developing cultural awareness during formal education including both theoretical part and the clinical practice part:

> "*Perhaps they picked up the multicultural aspects during their training, but we have not had a specific course or anything" (focus group 1, student1).*

There was a desire for more education, as they felt they needed to be able to care for patients with different backgrounds as qualified nurses. They had heard things like: "*You should do it like this*", but they had not discussed what could happen if they got it wrong or if it did not work. Students interested in cultural awareness described how those interested sought knowledge and kept themselves updated via social media. The students expressed a desire for knowledge about how to manage difficult situations which could emerge in caring for people with different cultures. They highlighted situations where the patient and the nurse have different perceptions. They wondered if there were essential parameters for assessment when someone comes in and screams that he/she is dying, and they themselves may not interpret it that way.

At the same time, the students were aware that it is not possible to develop cultural awareness through education alone:

"You can't undergo your whole education again because you have to practise, so you will meet these different situations and have the opportunity to discuss with your colleagues how to solve each one, even if the patient does not agree with me about what the problem is"(focusgroup 3 student 3).

There was a desire to develop more knowledge about how a nurse could relate to relatives who sometimes bring their own medication and food into the hospital as they would do in their home country. However, students who considered themselves experienced expressed fewer needs than those who had had no cultural experience. Different types of teaching were discussed for cultural awareness, such as seminars on relevant literature, case descriptions and routine lectures:

"The most important thing is to develop knowledge … about different cultures and different approaches … the world is so easily accessible. You move here and there and you get ill and it's really important to be able to meet someone who makes you feel safe" (group 2, student 2).

4.2. Want to learn by interacting with other cultures

Theoretical knowledge and the opportunity to interact with people from different cultures emerged as fundamental in terms of developing cultural awareness:

"Guest speakers … someone who has a different cultural background and knows how it works in practice, because it's so hard to read things in the books" (focusgroup 2, student 2).

The students suggested practising cultural awareness in different cases, and then going and trying out caring in practice. They also reflected on using their own cultural backgrounds by speaking to each other. They noted the complexity of cultural awareness:

"It's quite difficult at first because it's so much, but we learn how to interact. We sit down, take the time to listen and try to understand the person, but it's hard" (focusgroup 1, student 1),

5. Learning by doing

Students reported that they had developed their cultural awareness during their internship or temporary work. In this category, they presented different areas of importance for cultural awareness, such as different ways of expressing ill health, different expectations of healthcare and the importance of using an interpreter or other forms of communication to avoid cultural misunderstanding.

5.1. More than language differences

The students emphasised that cultural awareness is not only about communicating but also about being aware that patients can express ill health in different ways:

"They play on their disease and exaggerate their pain so you think it's worse than it turns out to be … They talk much more about their illness, even though I … have never reacted in that way" (focusgroup 3, student 2).

The interviews reveal situations in which students find that there are those seeking healthcare for issues other than health problems. Being culturally aware was understood as being aware of different social norms and values, and that these do not always coincide:

"When I was working I had a man who was there with his wife. He did not want to take our hands, as women, and he said why. It would have been showing a lack of esteem for my husband. So you meet him there and respect him for it, even if this does not belong to my background. I greet everyone and look into their eyes, but he did not want this" (focusgroup 2, student 1).

5.2. Knowledge about health systems in other cultures

In the students' experience, people from other cultures may have different perspectives on their illness and on the structure of the healthcare system. Some are used to other routines, and when they come here they encounter something completely different. It is important to understand this in order to avoid clashes. It is also possible that not all countries have nurses, which can affect confidence in certain professions:

"Here in Sweden you can become a diabetes nurse, but in other countries there are more doctors … people with another background prefer to talk to a doctor than to this diabetes nurse … because they do not trust the nurse's role" (focusgroup 1, student 1).

The students emphasised the difficulties of always being able to meet these requests, as there were not always doctors available. Instead, they suggested providing information about how it works in Sweden, and that you are not always able to choose who to see:

"I was at the dentist last week, and the information there says that patients are not entitled to indicate who they want to care for them" (focusgroup 3, student 1).

The students also noted that not everyone had the same view on time, which could lead to clashes:

"Here in Sweden you respect time. If you have an appointment at 13:00, you are there 10 minutes before. In some other countries, you can come half an hour later" (focusgroup 1, student 2).

5.3. Interpreters or other appropriate ways of communicating help understanding

The interviews frequently highlighted the importance of being able to communicate to understand each other. Communication was the foundation for improving cultural awareness. One difficulty was that interpreters were not always available:

"Not all places have access to an interpreter. It is often the case that the interpreter is used for medical consultation and more specific occasions, but you cannot pay for an interpreter or a telephone service around the clock" (focusgroup 3, student 5).

The students' experience of this was painful, especially when patients were in pain or when it came to intimate hygiene. They stated further that not everyone was comfortable communicating with interpreters. Some patients did not wish to disclose information to the interpreter, and there were instances of a destructive relationship between the interpreter and the patient. In these cases, students thought it was better to allow a family member to interpret. They raised the importance of using other forms of communication in the absence of interpreters, such as communicating with facial expressions, materials at health centres, Google Translate and images. Even though it is not particularly easy, it can be a way of understanding each other better:

"I was faced with a man and he was angry. He was in a lot of pain but it was difficult when he could not communicate. It wasn't enough to give pain relief without knowing where the pain was and how bad it was. In this case, we used pictures and Google Translate" (focusgroup 3, student 6).

The students considered it important for relatives to interpret in the absence of professional interpreters, but this was not completely without its problems either, as for example if sensitive questions are asked such as about a woman's menstruation it is not appropriate for a

child to translate it. One of the students, who was from another country, sometimes acted as interpreter when there were patients who shared her language:

> "Being professional becomes a dilemma for me. I can enter the patient's world and give a direct translation. I understand exactly what they want, but at the same time I don't want to speak Spanish when my other three colleagues are there—but I still want both. I want to involve everyone, but it's hard to involve everyone because then I turn into a translator"(focusgroup1, student 3).

6. Caring beyond boundaries

This category illustrates different perspectives on the students' cultural awareness, which basically shows that their experience involves caring beyond boundaries.

6.1. Individual experiences more than cultural background

Students found it hard to define a person's cultural background, and suggested that it was about how a person was brought up and the family's values and traditions. They further found it impossible to define cultural background without having someone else's background to compare it with. What separates us from each other is the way we live our lives, and students experienced this as cultural variation. In this respect, they noted the importance of being aware that there are different cultures even within one country:

> "But it doesn't always have to be patients from other countries because there are different cultures in our country too … but it becomes clearer and more common when someone comes from a completely different country" (focusgroup 3, student 5).

Students noted the fact that we move around the world more easily today and that the boundaries between cultures are blurred. They therefore suggested that we need to be better at respecting each other, irrespective of cultural background, and that we need to identify how patients' past experiences affect their wellbeing. In fact, we can make use of positive early memories from a patient's childhood, as they can calm an anxious and ill patient:

> "When you are ill, things you feel secure about become more important.family and things, you know. It's easier to remember things from their childhood" (focusgroup 1, student 3).

Just as old memories can calm, past traumatic experiences can affect patients adversely:

> "I had one from Intensive care department who had once been raped, and when we were going to put in a catheter she panicked. To her it was like being raped again. There are no cultural differences here. Just traumatic experiences" (focusgroup 1, student 1).

6.2. Important to see beyond own prejudice and respecting the patients integrity

The interviews revealed that it is easy to judge different cultures and generate generalised ideas about what a patient is like. They also revealed that there is a need to try and look beyond these prejudices. Stereotypes can make the encounter more complicated than it needs to be. There were also experiences about how prejudice among staff can affect a patient's care and leading to a bad atmosphere in the entire workgroup:

> "A lot of it is about personality. Not everyone thinks everyone should be entitled to the same care. There are those who think that some people should not be in Sweden … this can lead to conflict"(focusgroup 1, student 3).

The students' experience indicated that it was important to make use of their pre-understanding and be aware of their own prejudices in order to be able to look beyond them. During the interviews it was seen as difficult to differentiate between the patient's values and their own values when the former violated Swedish rules and laws governing healthcare. In these cases, it was not always possible to comply with the patient's wishes:

> "If it's about my own values then I might be able to respond, "Okay, I don't have the same opinion as you," … but if it's, for example, about vital treatment like blood, for example, for children under 18, then we will give blood anyway. Unfortunately you have to be on guard all the time" (focusgroup 1, student 2).

Students were wary of making mistakes in caring for people from other cultures, for fear of upsetting them. Here the students emphasised the Importance of mutual respect as the basis for cultural awareness was about receiving good care, showing interest in understanding each other and being willing to do so. It seemed important to be open and to ask about the person's wishes. The students' experience was that this was not always so easy, and that staff needed to be prepared to make mistakes:

> "that you show you are interested in what you're saying. You're open … have the will to understand … But then it will be difficult when … you have different perceptions of the problem or what is needed. There is a misunderstanding, absolutely, but just discussing it and talking about it, and seeing what was wrong and apologising if you have done something" (focusgroup 1, student 5).

7. Finding discussion

The main results of this study show that the students indicated they had certain cultural awareness, similar to previous quantitative studies (Cruz et al., 2016; Meydanlioglu et al., 2015; Safipour et al., 2017). However, the result of this study indicated that they had developed limited cultural awareness during their formal education. They had developed it mostly through social media or during temporary work. There was a desire to improve their cultural awareness by being exposed to actual cases and interacting with people from different cultures during their education. The basic aspects of cultural awareness expressed by the students involved the importance of being able to communicate and have an understanding (Meydanlioglu et al., 2015) of different perceptions of health. They highlighted the importance of understanding a person's previous experiences, and how these affected the health of the person, rather than focusing on the person's cultural background. They believed that being aware of their own prejudices and being interested in understanding the person they were dealing with were important factors in being culturally aware. They highlighted the importance of 'learning by doing' in terms of acquiring these skills. This finding confirm the result of past research which indicated that cultural awareness is a process of learning and can be develop in various ways (Bohman and Borglin, 2014; Campinha-Bacote, 2002; Walton, 2011).

This study found that students had developed limited cultural awareness during their nursing education. After graduation, nurses meet and treat people from diverse cultural backgrounds, and it is important that their education and training prepare them for this. However, nursing education still fails to incorporate the results of existing research concerning the cultural awareness into the curriculum (Momeni et al., 2008, Mareno Hart, 2014). Other studies (Repo et al., 2017; Cruz et al., 2016; Ulvund and Mordal, 2017) have found that facilitating factors in the development of cultural awareness in nursing students include predictors such as living in an environment with culturally diverse people, prior diversity training, exchange studies, being in the final years of nursing training and having experience of caring for patients from diverse cultures. In today's multicultural society, nursing

students will interact with a diverse population during their clinical studies. Thus, nursing education needs to be sufficiently flexible and adaptable to address emerging needs and challenges in caring for people with different cultural backgrounds and values.

The results illustrate that students would like more knowledge about different cultural behaviours. They reported that they had sometimes experienced overreaction in patients from other cultures, who suggested they were more ill than they really were, or who had other expectations which could lead to cultural clashes. Cultural awareness is required in order to give proper care (Hendersson et al., 2016). To develop cultural awareness, nursing students need knowledge of cultural diversity, cultural boundaries and cultural behaviours which they have not experienced during their education. Self-awareness is a key element in acquiring cultural competence (Papadopoulos et al., 1998, Mcfarland and Wehbe-Alamah, 2018) This involves being able to empathise with others, trying to see things through their eyes and experiencing challenges in interaction in terms of differences in values. There are different ways of stimulating students to become culturally aware. For example, simulation (Koskinen et al., 2007) and offering student exchange programmes in universities have been shown to help students become aware of cultural values and beliefs, and improve their self-awareness (Bohman and Borglin, 2014). Recently, it was found that using Facebook as a platform for delivering nursing education could help raise students' awareness of cultural competence (Chang et al., 2017). The fact that students highlighted the importance of being aware of their own prejudices and being interested in understanding the person they were dealing with, indicates some form of cultural awareness in itself. They had also experienced that stereotypes in health professionals contributed to a negative atmosphere among staff, as well as possibly having a negative influence on care. Prejudice in staff regarding certain cultures has been found to lead to incorrect interpretations and misunderstandings of the patient's needs (Hendersson et al., 2016). A limited understanding of how the cultural diversity within and between different cultural groups can affect health perceptions and behaviors may influence the nurse to treat all patients according to the norms that the dominant cultural group has (Serrant-Green, 2001). Treating all patients as if they belong into the same “culturally-alike box” can actually harm the patients (Leininger, 1996). The theory of Transcultural Nursing (Leininger, 2001) emphasizes the importance of actively trying to understand and incorporate patients' values, beliefs and history in all stages of the nursing process to make the patient feel safe with the care they receive. For this, the nurse must be professional and actively strive to understand the motives behind the patient's wishes, free from judgment. Although the students did not consider themselves to be prejudiced, it is important to challenge them to express and acknowledge their own thoughts and stereotypes (Ong-Flaherty, 2015; Papadopoulos et al., 1998, Mcfarland and Wehbe-Alamah, 2018) to support them to through the three phases in order to develop transcultural knowledge (Leininger and Mcfarland, 2002). This is an important step towards cultural skills, and indicates why teaching strategies should be encouraged which focus on this (Dunagan et al., 2016).

Nursing students considered communication important. Cultural awareness is also essential in communicating with patients who speak a different language (Tomalin and Stempleski, 2013). Effective communication is important in terms of avoiding misunderstanding which can lead to negative impacts on patients' safety (Crawford et al., 2017). Another finding which highlights the importance of effective communication involves the students' experiences of the need to understand a person's previous experiences, and how these affect the health of the person, rather than focusing on the person's cultural background. Communication barriers in healthcare are often created by differences in language and cultural patterns, and by differences in values between the patient and the nurse (Crawford et al., 2017). Thus, communication is central for caring in order to provide care where the person's needs and culturally beliefs are considered (Mcfarland and Wehbe-Alamah, 2018) in order to deliver person-centred, safe and equal care.

Even though students indicated that they tried to accommodate patients as far as possible, they believed that some patients could make unreasonable demands on healthcare professionals, such as choosing the gender of their caregiver or which professional they would like to treat them. According to Mcfarland and Wehbe-Alamah (2018), healthcare providers need to be flexible in developing programmes and services to meet the needs and concerns of culturally diverse patients. However, there were situations in the interviews in which the students did not believe in satisfying the patient's wishes when they did not comply with the laws and ethics of healthcare. According to the Universal Declaration of Human Rights (United Nations, 2018), everyone has the right to medical care and necessary social services. All are equal before the law and are entitled to healthcare without discrimination. Can a lack of opportunity to choose the gender of a caregiver be considered a violation of human rights and patient-cantered care? In some county councils in Sweden this has led to difficulties, as it is not always possible to comply with these wishes. Instead, information sheets have been developed explaining that the patients are not entitled to choose the gender of the caregiver. The findings emphasises the need for critical cultural awareness in education in order to develop patient-cantered care including the human rights and accepting that other culture have a right to exist as equal rather than for the main culture to select the correct behaviour (Ong-Flaherty, 2015).

8. Method discussion

The size of the group, from 2 to 6 people, can be seen as a weakness in terms of the results. In one group, participants were absent due to illness, which occurred first at the meeting, for which reason the interview was held with only two participants. According to Krueger and Casey (2015) a smaller group is easier to host and are more comfortable for participants. On the other hand it limits the total range of experiences because the group is smaller. However, the discussions in the group were lively and as the results are more dependent on how involved the group participants are than on the number of participants, this interview were included in the study. Homogeneous factors in the participants’ backgrounds, such as age and gender, can increase their comfort level and also help to maximise the quality of the data (Patton, 2015; Krueger and Casey, 2015).

The results also provide an opportunity to deepen the understanding of findings from previous quantitative studies (Safipour et al., 2017). There were fewer male participants and participants with a migrant background than Swedish females, which probably reflects the fact that most of the students who apply for nursing studies are female, and around 20 percent of them have an immigrant background (Population projections, 2016). In order for the reader to determine whether the results are transferable to a similar context, throughout the study the authors have carefully described the approach, as well as the process of selection and analysis.

The study is nevertheless limited, as it was exploratory and intended to obtain ideas for planning further studies. Thus, further investigations are needed to obtain a more complete picture.

9. Conclusion

This study illustrates that nursing students are conscious of the importance of cultural awareness in nursing education, but that their education offered few opportunities to develop it. This finding is important for training nursing students to deliver equality in person-centred care in a diverse population, based on the people's cultural background and their true needs. The findings suggest that education needs to be improved and strengthened by culture-related theoretical and practical training. To support a development towards cultural awareness in education, it may be useful to incorporate cultural values, behaviours and norms into nursing studies. Students also need to be

challenged to become aware of and discuss their own values and prejudices in terms of developing self-awareness.

Relevance to clinical practice

The simulation method can be used to develop students' self-awareness. It could also be relevant and beneficial to develop more cultural awareness education and improve student exchange programmes, working with actual cases and implementing tasks involving cultural skills in practice.

Conflicts of interest

The authors report no conflicts of interest. The manuscript is not under consideration for publication in other journals. There are no other papers related to the manuscript.

Contributions to the paper

All authors meet the criteria for authorship as follows: (1) substantial contributions to conception and design of, or acquisition of data, or analysis and interpretation of data, (2) drafting the article or revising it critically for important intellectual content and (3) final approval of the version to be published. All those entitled to authorship are listed as authors.

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Importance and novelty of the findings

The findings are important in terms of training nursing students to provide equity of care for a diverse population, based on people's cultural background and needs.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.07.009.

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