Nurse Education in Practice 37 (2019) 97–104

Contents lists available at ScienceDirect

Nurse Education in Practice

journal homepage: www.elsevier.com/locate/nepr

Review

Nursing students' experiences of caring for ethnically and culturally diverse patients. A scoping review

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ARTICLE INFO

Keywords:
Care
Cultural diversity
Experiences
Nursing students
Patients
Scoping review

ABSTRACT

Little is known about nursing students' experiences of caring for patients from diverse cultures, which is an important factor in educational settings when it comes to understanding whether the teaching strategies applied are successful. Thus, the aim of this study was to conduct a scoping review of the literature, thereby synthesising existing studies to explore nursing students' experiences of caring for patients with different cultural backgrounds from theirs. A systematic article search was done in PubMed, CINAHL and ERIC. A total of 996 studies were found in the searches and finally seven studies met the inclusion criteria and were included. The analysis of the seven included studies was interpreted to represent two overarching themes, namely *the challenge of communication and non-mutual language* and the *challenge of culture and culturally influenced behaviour*, representing nursing students' experiences of caring for patients with a different cultural background from theirs. A major challenge for nursing educators appears to be creating pedagogical interventions that cultivate a humble, solicitous and caring curiosity among students, such that they do not perceive only challenges in caring for culturally diverse patients.

1. Introduction

It is nowadays more common than ever before that nurses are required to care for patients with many different cultural backgrounds. Thus, it is important to develop knowledge for overcoming the challenges that may arise from cultural clashes. In general, when attaining knowledge and competence, this starts in educational settings. Consequently, nursing students' cultural competence which is expected to be developed during their baccalaureate education, are important components in establishing a culturally competent nursing workforce (Starr et al., 2011). Schools of nursing are starting to become aware of the need for integrating cultural competence as a part of their curricula, but there is no conclusive evidence concerning the most effective way of accomplishing this. There are also challenges in ensuring that the students have achieved cultural competence during their education (Grant and Letzring, 2003).

The term cultural competence – which includes a spectrum of attributes, such as knowledge, skills and sensitivity, that help in addressing the challenge of cultural diversity in healthcare (Kirmayer, 2012; Saha et al., 2008) – has been given much attention in nursing in the past few decades. Nurse educators can influence their students' understandings of cultural competence by introducing the concept early in their education; however, cultural competence is complex and multidimensional, making it hard to define what it involves and how to teach it (Starr et al., 2011). Although there have been numerous studies in the field, and many models have been developed concerning cultural competence, there is an ongoing lack of conceptual clarity and confusion about what it means and how it can be conceptualised and operationalised, both in the field and research (Gregg and Saha, 2006; Jirwe, 2008).

Cultural competence can be viewed as a key factor that healthcare professionals must possess for offering effective, culturally responsive nursing care to people from different ethnic and cultural backgrounds (Capinha-Bacote, 2002). However, a usual disapproval of the concept is that it risks supporting a narrow and stereotyped view of ethnicity while attributing a group of cultural 'needs' to individuals with a specific ethnic background; as a result, healthcare providers may not see the individual behind the culture (Drevdahl et al., 2008; Wahoush, 2009). Providing sufficient care to culturally diverse patients is important in the nursing profession, and this requires in-depth knowledge and awareness (Safipour et al., 2017). Research has highlighted educational interventions developed to increase cultural competence among nursing students and how to measure it (Gallagher and Polanin, 2015; Kardong-Edgren et al., 2010); however, little is known about

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https://doi.org/10.1016/j.nepr.2019.05.003
Received 6 April 2018; Received in revised form 4 March 2019; Accepted 15 May 2019

students' experiences of caring for patients from diverse cultures, which is an important factor in educational settings when it comes to understanding whether the teaching strategies applied are successful. Thus, the aim of this study was to conduct a scoping review of the literature, thereby synthesising existing studies to explore nursing students' experiences of caring for patients with different cultural backgrounds from theirs.

2. Methods

This scoping review was underpinned by Arksey and O'Malley's (2005) framework, which supports methodological transparency and enables replication of the searches; hence, it is likely to increase the consistency of the study findings. For this study, we adopted the five stages of this framework, as follows: identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarising and reporting results. Each stage is described below.

2.1. Identifying the research question

Our research question was as follows: What is known about nursing students' views of caring for patients with a different cultural background from theirs?

2.2. Identifying relevant studies

Utilising the framework included the adoption of a broad definition of keywords for search terms as to gain a comprehensive scope of the eligible literature (Arksey and O'Malley, 2005). To be able to identify relevant international literature in relation to undergraduate nursing education, clinical placements and caring for culturally diverse patients, search terms and key concepts were developed. All the authors were engaged in the process of finding the descriptive key search terms developed to direct the searches, as presented in Box 1, and in identifying the relevant databases. Literature searches was conducted in September 2017 in PubMed, CINAHL and ERIC databases. Additionally, the reference lists of identified studies were hand searched. Google Scholar was also used to identify as many published research studies on this topic as possible. Three search blocks were built, as follows: *nursing students*, *care* and *cultural diversity*. Medical Subject headings (MeSH) and text words was developed for each keyword and database. Subject headings and Boolean operators was used to narrow, widen and combine the searches. The searches were limited to the English language.

2.3. Study selection

The Preferred Reporting of Items for Systematic Reviews and Meta-analyses (PRISMA) Statement (Moher et al., 2010) were used for article selection and by using the key search descriptors, 996 studies were identified (Fig. 1).

2.4. Charting the data

The included studies (n = 7) were read by the first and the last author (KSF and GB). For each article summaries were developed related to location of study, year, author, aim, number of participants, context, study design and analysis (Table 1). After carefully reading through the included studies, the process of interpretation and synthesising were conducted. A thematic analysis was conducted of the material in order to grasp and understand key concepts and the sources of evidence. Data i.e. findings and key contextual indicators, that answered the aim of this review, was logged and sorted according to key issues and themes. Two of the authors (KSF and GB) reviewed the key issues and themes both independently and collaboratively.

2.5. Collating, summarising and reporting results

The final stage of Arksey and O'Malley's, (2005) suggested framework, is the provision of an overview of the selected studies. In accordance with the aim of our scoping review, our reporting on the identified studies focusses on nursing students' experiences of caring for patients with a different cultural background from theirs.

3. Results

Our findings are based on seven studies, published in 2000–2016, from the following countries: Turkey (n = 3), Sweden (n = 2), United Kingdom (n = 1) and South Africa (n = 1). The included studies were conducted with qualitative (n = 4), quantitative (n = 2) and mixed-methods designs (n = 1). Together, they represented 1090 nursing students (n = 98 from the qualitative studies and n = 992 from the quantitative studies). All the students were undergraduate students, but in different educational years (Table 1). The integration and synthesis of the included studies was interpreted as presenting two overarching themes – *the challenge of communication and non-mutual language* and *the challenge of culture and culturally influenced behaviour*.

3.1. The challenge of communication and non-mutual language

The students in all the included studies reported that communication and verbal language (described as 'language' below) stood out as one of the key challenges when caring for patients with a culturally diverse background. This challenge could result in the students' fear of misunderstanding the patients during their assessment (Jirwe et al., 2010; Karatay et al., 2016), especially as they perceived that they did not understand the message or what the patients wanted or thought (Jirwe et al., 2010; Lundberg et al., 2005). Consequently, the students could develop a fear of making mistakes, resulting in compromised patient safety (Jirwe et al., 2010; McClimens et al., 2014) or ineffective care (Zwane and Poggenpoel, 2000). Due to such issues, both the students (Karatay et al., 2016; McClimens et al., 2014) and patients could become frustrated and uncomfortable (Lundberg et al., 2005). Another outcome of communicative and language challenges was evident in the study by Zwane and Poggenpoel (2000), where the students

Box 1
Search terms

Nursing students	Care	Cultural competence Cultural sensitivity Cultural diversity Cultural education Cultural awareness Cultural safety Transcultural nursing Ethnological research

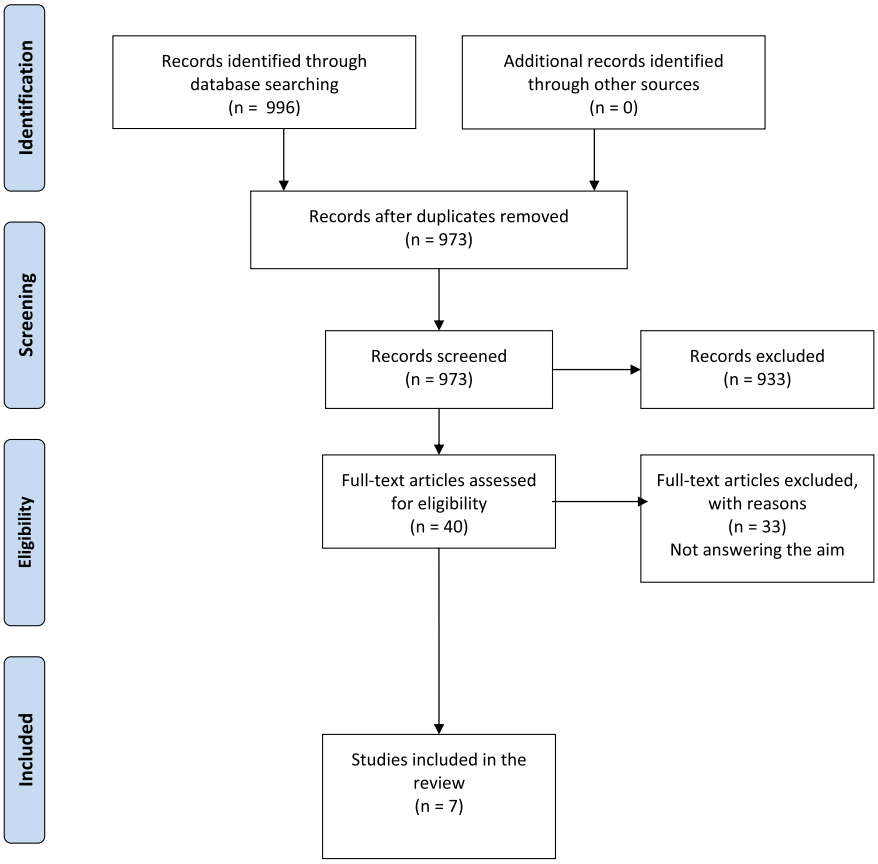

Fig. 1. Flow chart literature search.
From: Moher D, Liberati A, Tetzlaff J, Altman DG, The PRISMA Group (2009). *P*referred *R*eporting *I*tems for *S*ystematic Reviews and *M*eta-*A*nalyses: The PRISMA Statement. PLoS Med 6(6): e1000097. https://doi.org/10.1371/journal.pmed1000097.

experienced that the patients mistrusted and rejected them; thus, the nurse–patient relationship, which is essential in care, could not be established. In the study by Jirwe et al. (2010), the students expressed that the normal social interactions between the patient and nurse were absent when a common language was not shared; this was also reported by Lundberg et al. (2005). In these studies, the students experienced that care became mechanistic and impersonal; hence, they failed in patient care, as important components of care were lost. Among some Turkish students, the experience of communication and language challenges was found to differ between the educational years, where students in the third and fourth year experienced less communication and language challenges than students in the first and second year did (Tortumluoglu et al., 2005). However, in the study by Ayaz et al. (2010), the opposite was found, where the third and fourth year students expressed experiencing more cultural difficulties when caring for those patients with whom they not shared a mutually spoken language.

Absence of a commonly understood language in patient care could mean that the students experienced that they had to communicate by adopting gestures and body language strategies instead (Jirwe et al., 2010; Karatay et al., 2016; Lundberg et al., 2005). Although the students in the study by Lundberg et al. (2005) expressed that misunderstandings were sometimes caused when patients with a culturally diverse background used different body language compared with theirs, the students in the study by Jirwe et al. (2010) emphasised the significance of body language as a strategy for communication in care. Another communication strategy experienced by the students (Jirwe et al., 2010; Lundberg et al., 2005; McClimens et al., 2014) was the use of an interpreter. However, it could be difficult to secure an interpreter, and even when an interpreter was successfully found, communication challenges could still be present, especially if he or she had no insight or knowledge about care (Lundberg et al., 2005); moreover, being required to use a telephone service for interpretation could be a frustrating experience (Jirwe et al., 2010; McClimens et al., 2014). Using an interpreter could leave the students unsure of the accuracy of the information given or received, and they were not always confident that they understood the whole story (McClimens et al., 2014). If it was not possible to find an accredited interpreter, the patients' relatives were used as interpreters (Jirwe et al., 2010; Karatay et al., 2016). The Swedish nursing students experienced this as positive, even if they sometimes found that the relatives took over the situation, thereby obstructing the nurse–patient relationship (Jirwe et al., 2010).

3.2. The challenge of culture and culturally influenced behaviour

Religion was also found to be experienced as a cultural challenge by the students (Ayaz et al.; Karatay et al., 2016). This was especially apparent in the study by Karatay et al. (2016), where Turkish students referred to a long history of conflicts between two religious beliefs (Sunni and Alevi). The conflict inhibited the students' willingness to ask about religion during the nursing process, despite suspecting that knowledge about patients' religion was important in terms of their ability to offer comprehensive care. They also expressed a belief that they were not accepted by patients from other religious groups. Moreover, in the study by Lundberg et al. (2005), the Swedish nursing students also experienced religious differences as a cultural challenge, and they stated that they had not been prepared for the issues that different cultures' and religions' views of health, illness and death could present in care.

A cultural challenge for the nursing students was found to be how religious values, traditions and codes could influence care demanding

Table 1
Summary of included studies.

Author and year	Journal	Location	Aim	Number of participants	Context	Study design	Analysis	Results
Ayaz et al. (2010)	*International Nursing Review*	Turkey	To contribute to a picture of the knowledge of nursing students and the cultural differences they experience; to gain insights into the influence of their knowledge on transcultural nursing care.	622	Senior undergraduate students in different years (no information about number of students/year) from three Turkish universities.	Quantitative, based on a questionnaire.	Data were recorded and analysed using SPSS (Statistical Package for Social Sciences). Percentages were calculated, and chi-square tests were carried out.	The majority of the students had experienced cultural differences in caring situations. Cultural differences were to the highest degree experienced in different language aspects (dialect and pronunciation), but also in traditions and customs of the patients as well as in religious beliefs.
Jirwe et al. (2010)	*Scandinavian Journal of Caring Science*	Sweden	To explore student nurses' experiences of communication in cross-cultural care encounters with patients from different cultural backgrounds.	10	Last-year students in a 3-year nursing program at a Swedish university.	Qualitative, based on semi-structured interviews.	Data were analysed using content analysis.	Nursing students face many challenges related to communication when caring for patients with whom they did not share a common language. As a result, the students were afraid of making mistakes and also felt that the care became impersonal.
Karatay et al. (2016)	*International Nursing Review*	Turkey	The experiences of nursing students providing care to patients who are culturally different from them.	21	Second-year nursing students from a Turkish university.	Qualitative, based on focus groups.	Data were analysed using content analysis.	The students had experienced both religious and ethnic challenges as well as communication barriers when providing care to patients culturally diverse from themselves.
Lundberg et al. (2005)	*Journal of Transcultural Nursing*	Sweden	To describe Swedish last-year nursing students' experiences of caregiving to patients who are culturally diverse.	122	Last-year students in a 3-year nursing program at a Swedish university.	Mixed methods; 107 students completed a questionnaire, 15 participated in in-depth interviews.	Written and the verbal data were analysed using the same qualitative method, content analysis.	The majority of the students stated that language and communication problems were the greatest problems when caring for culturally diverse patients. Also cultural behaviors and the relation to the patients' relatives were described as challenging. However, the students also mentioned that caring for culturally diverse patients resulted in a cultural curiosity that resulted in that they wanted to learn more about the elements of culture and their own role.
McClimens et al. (2014)	*Nursing Standard*	United Kingdom	To explore nursing students' experiences of caring for patients from different and often unfamiliar cultural backgrounds.	15	Nursing students at a British university (no information about at what educational year).	Qualitative, based on focus groups.	Data were analysed using content analysis.	Nursing students stated challenges as well as problems when caring for culturally diverse patients especially on questions concerning language and food. Also, the gender aspect was highlighted were e.g., male students had experienced that many women preferred female healthcare staff.

(*continued on next page*)

Table 1 (*continued*)

Author and year	Journal	Location	Aim	Number of participants	Context	Study design	Analysis	Results
Tortumluoglu et al. (2005)	*Nurse Education Today*	Turkey	To determine the cultural diversities that nursing students experience between the patients and them while providing care to patients.	263	Nursing students in their first (n = 68), second (n = 66), third (n = 74) and fourth year (n = 55) attending courses at a Turkish university.	Quantitative, based on a questionnaire.	Frequency was used for categorical variables and the average for numerical variables. The chi-square test was applied to determine the effects of the independent variables.	The majority of the students had experienced cultural diversities in patient care, especially in issues concerning communication with the patients, religious beliefs and in life style. The students also stated that the cultural diversity had a negative impact on the patient care. .
Zwane and Poggenpoel (2000)	*Curationis*	South Africa	To explore and describe undergraduate nursing students' experiences of interaction with culturally diverse psychiatric patients.	37	Baccalaureate nursing students from two universities in South Africa (no information about at what educational year).	Qualitative, based on interviews.	Data were analysed using content analysis.	The students hade experienced challenges in communication with culturally diverse patients that resulted in that they were afraid of providing an ineffective care. Some students had also experienced discrimination and ignorance from the patients. However, some students stated that caring for culturally diverse patients were enriching.

some form of physical contact or create issues when there were gender mismatches between the nurses and patients (Karatay et al., 2016; Lundberg et al., 2005). This could make it especially difficult when for example needing to provide fundamentals of care such as washing and dressing to patients of the opposite gender (Karatay et al., 2016). Especially, male students could experience discomfort in situations demanding them to have physical contact with female patients who not wished to be cared for by a male. (Karatay et al., 2016; McClimens et al., 2014). Consequently, they could experience feelings of anxiety, as they thought the situation could be misunderstood by the female patients (Karatay et al., 2016). The latter study also reflected cultural challenges, as norms related to physical touch can vary significantly from one culture to another, making the experience of care even more complicated (Karatay et al., 2016). The students in both the studies by Lundberg et al. (2005) and McClimens et al. (2014) expressed marked challenges in caring for Muslim patients, as female patients could not be cared for by male healthcare staff, and the reverse was true for male Muslim patients. In the study by Zwane and Poggenpoel (2000), the students were the only ones describing experiences of discrimination and ignorance as a cultural challenge in care. The students experience was found to work in two directions, where both nurses' and patients' treatment of each other was found to be based on race.

Culturally influenced behaviours also stood out as a challenge in care. In the studies by Jirwe et al. (2010), Lundberg et al. (2005) and McClimens et al. (2014), most of the students had experienced that patients' food habits, food likings and table manners could be unusual for them, and hence, served as a source of misunderstanding. For example, patients could prefer to use their fingers instead of cutlery (McClimens et al., 2014) or have different food preferences (Jirwe et al., 2010). Such preferences could also be related to religion. The students in the study by McClimens et al. (2014) had experienced patients becoming angry and upset when non-halal food was served at the hospital, but they had also had understanding patients who grasped that such food preferences not always could be available. Pain is another example of a culturally influenced behaviour that was reported as challenging in care. In Lundberg et al.'s (2005) study, students had experienced that pain and worry could be expressed by culturally diverse patients in ways that were unfamiliar to them. Sometimes, the students found that the patients seemed to have a lower pain threshold than, for example, Swedish-born patients, and they demanded more attention from the healthcare staff. Thus, the students sometimes had difficulty recognising when a real emergency was occurring (Lundberg et al., 2005). These students also stated that the family of patients with culturally diverse backgrounds demanded more attention and wanted to be more involved in the care than the relatives of native Swedes did. It was also common for many relatives to want to stay with the patient at the same time, a situation that could be experienced as disturbing to other patients and difficult to handle (Lundberg et al., 2005).

Caring for patients with a culturally diverse background was usually found to be experienced as a challenge by the nursing students involved in the studies. However, in some cases, it could also be experienced as resulting in cultural curiosity (Lundberg et al., 2005). Thus, the students wanted to know and understand more about the different elements of culture as to be able to promote culturally appropriate care for their patients. In the studies by Ayaz et al. (2010) and Zwane and Poggenpoel (2000), the students experienced caring for patients with a culturally diverse background as enriching, a positive interaction and a learning experience.

4. Discussion

This scoping review has highlighted nursing students' experiences of caring for patients with a different cultural background from theirs. Our findings, can be understood from the perspective of the two overarching themes – *the challenge of communication and non-mutual language* and *the challenge of culture and culturally influenced behaviour*. However, our

findings need to be interpreted while taking the low number of includes studies into account. Even so, our studies unanimously reflected experiences coloured by different types of cultural challenges among nursing students. Only three studies reported experiences of a less challenging nature (Ayaz et al., 2010; Lundberg et al., 2005; Zwane and Poggenpoel, 2000). Thus, one of the major challenges for the nursing faculty lecturers appears to be the creation of pedagogical interventions that cultivate a humble, solicitous and caring curiosity among students so that they can see beyond the challenges in the care of this group of patients, which has now become relatively large.

Another challenge that must be highlighted in educational settings is probably one of the most important, as well as one of the most complicated – the challenge of communication and non-mutual language. This was found to be a common issue in all the included studies. Our findings revealed that students could become frustrated with their caring experience when they were unable to communicate effectively, and they were afraid of misunderstanding the patients. They also felt that the social interactions with the patients were missing, which resulted in care that was experienced as distant and detached. The professional nurse–patient relation is one of the central elements in nursing and include an interactional aspect that can have a major influence on the patient care experiences; thus, it should be vigilantly considered (c.f. Shattell, 2004). Our findings are in line with Robinson and Gilmartin's (2002) contention that communication barriers between patients and healthcare professionals can result in misunderstandings and an increasing risk of inadequate treatment and wrongful diagnosis. Numerous studies have documented that language barriers have a significant negative effect on quality of care (Fassaert et al., 2010; Mangrio and Sjögren Forss, 2017; Sokal, 2010). Roberts and colleagues (2005) found that in 20% of health-related consultations, language and cultural differences caused major and often extended misunderstandings. If nurses do not understand the patients' healthcare needs, the care provided risks becoming routine and based on stereotypical assumptions. These issues need to be highlighted in nursing education, and students need to be prepared for situations like this and given educational resources and tools for solving them. Even if the challenge of communication and a non-mutual language was a common experience in all the included studies, no suggestions on how to possible solve them were put forward.

The use of an interpreter – either a family member or a professional – was found to be a common solution in trying to solve the language barriers (Jirwe et al., 2010; Karatay et al., 2016; Lundberg et al., 2005; McClimens et al., 2014). In the study by Jirwe et al. (2010), overall, the students experienced it as positive when relatives helped to interpret, even if they felt that the interpreting relatives tended to take over the situation at times. The research suggests that it is common to use family members, often children, as interpreters in the healthcare context (Gerrish, 2001; Moreno et al., 2007). However, using family members as interpreters can also have a negative impact on treatment, and it may result in a lack of independence for the patient or incorrect translation, mostly concerning the medical terminology (Gerrish, 2001; Moreno et al., 2007). Also, it is likely that a relative or a close friend are far too emotionally linked to the patient, hence objectivity might be difficult to achieve. Consequently, using close friends and/or relatives as interpreters should if possible be avoided (Fatahi et al., 2010; Rosenberg et al., 2007). Our findings also revealed that using a professional interpreter could be difficult and leave the students feeling insecure about the accuracy of the information given. In a series of studies, Hadziabdic and colleagues (2009, 2010, 2011) highlighted problems and consequences, i.e. incorrect use of resources and time as well as limited possibilities for optimal communication, as factors that can occur when using professional interpreters, such as an incorrect use of time and resources and limited possibilities for optimal communication. It is of course vital to use interpreters in different languages to ensure an optimal communication in care. Nurses can play an important role in creating an optimal interpretation, and can in this way safe guarding an optimal experience of care for the patients. In the educational setting, it is important to stress the pitfalls that can occur when employing an interpreter. It is also important to secure possibilities for the students to work with interpreters, both professionals and relatives, in all types of care situations and contexts. Particularly as it is well known that communication and language are vital elements of care, and the cornerstone in the professional nurse-patient relation. Coach the students to build trust to the patients by looking at them while they are speaking and not at the interpreter, even if tempting to look and speak directly with the interpreter.

The professional nurse-patient relation can have a profound effect on the patient's experience of the quality of care, treatment outcomes and on patient satisfaction (Cossette et al., 2005; Tay et al., 2012). Studies have highlighted language barriers as a huge challenge when it comes to establishing effective patient–provider communication in multicultural contexts (Schouten and Meeuwesen, 2006; van Wieringen et al., 2002). However, evidence (i.e. scientific literature) on how to develop and promote optimal communication skills in an educational setting to counteract communication difficulties is still scarce. Despite being highlighted as a major challenge in this review, none of the included studies provided conclusions on how to strategically respond to this challenge. Nursing education needs to better prepare students for the multicultural setting in which they will work. One possible approach may be to make greater use of technology. Nowadays, numerous applications and translation sites available online provide immediate translations in a variety of languages. For the younger generations of students, these tools are highly likely to be an innate strategy for handling the challenge, and it seems advisable to consider such applications and their possible usefulness for educational purposes. Even though, this might not be a natural approach or strategy to engage in for many nurse educators it seems as a necessity to look into this kind of applications and their possible usefulness for educational purposes.

Our findings also reflected the challenge of culture and culturally influenced behaviour, in which religious aspects were found to be central. In both Turkish studies (Ayaz et al., 2010; Karatay et al., 2016), the students avoided asking patients about religion, despite perceiving that religious factors could be important in their ability to offer comprehensive care. The findings also reflected that religious prohibitions concerning physical contact between genders could mean that students experienced uneasiness, especially in the case of male students in care situations with female patients requiring physical contact (Karatay et al., 2016; McClimens et al., 2014). Similar findings have been put forward by other researchers (Evans, 2002; Harding et al., 2008). Our review also highlighted that nursing students experience of care could become even more complicated as norms concerning physical touch significantly could vary from one culture to another (Karatay et al., 2016). It is worth nothing that cultural values are transmitted to a culture's members by parenting and socialisation, education and religion. Therefore, it is important to see the individual behind the culture and not become distracted by stereotyping and narrow views (Drevdahl et al., 2008; Wahoush, 2009). It might be that experiencing culture as challenging in care is the result of a total want of insight in religious matters or the position of gender in other cultures than one's own. Thus, taking the helm in unique religious and cultural needs of patients can be unsettling. When in doubt, a suggestion would be that the safest way to ensure that nurses can provide sensitive care to patients of diverse cultures has simply to be to ask the patients themselves. Consequently, it is vital to encourage students to initiate conversations with patients about cultural or religious practices for offering them respectful, sensitive care. However, it is also important to remind them about the impossibility to be sensitively aware of all aspects of our patients. Particularly since culturally prone behaviour and religious mores have developed over centuries and in general are signified by practices carrying a variety of unique meanings for the initiated.

The challenge of culturally influenced behaviour, which can be the result of religious views and/or culture, is also connected to student

experiences of patients' food habits and pain. In the studies by Jirwe et al. (2010), Lundberg et al. (2005) and McClimens et al. (2014), most students had experienced that unfamiliar traditions and values concerning food could be a cause for misunderstandings. These kinds of experiences are supported by others (Chenowethm et al., 2006; Goodman et al., 2015). In addition, food had been found to result in angry and upset patients when non-halal food was served on the hospital ward (McClimens et al., 2014). These types of experiences have also been reported by other researchers (Chenowethm et al., 2006; Goodman et al., 2015). The role of food in cultural practices is multifaceted and differs both among communities and individuals. Even so, it is relevant to try to understand that the role of food differs, and how it differs in a certain situation, to offer care aiming to respond to the patient's needs.

Emotions can be expressed in different ways, and some of the students had experienced that patients could have unfamiliar ways of expressing pain and worry, resulting in difficulties related to reading and understanding the level of emergency (Lundberg et al., 2005). Unfamiliar expression of pain, for example, can result in incorrect assessments, misunderstandings and delay of relevant treatment (Ozolins and Hjelm, 2003). Thus, it is important to prepare the students, not only for focussing on how pain is expressed or verbalised, but also using their knowledge about the signs of pain while talking with the patient and assessing his or her situation. Lundberg and colleagues' (2005) study made this clear, as the students experienced that they had not been relevantly prepared for how challenging care could be in terms of different cultures views and perceptions of health. Many nurses feel that their education has been inadequate regarding the essential knowledge, skills and understanding needed to care for culturally diverse patients (Cioffi, 2005; Leishman, 2004). Thus, it is critical for nursing education to focus on how to ensure that future generations of nurses can improve the delivery of evidence-based care in response to a multicultural society's healthcare demands. It is also important to support students to strike a balance between delivering efficient care and honouring the patients' needs.

In order to be able to assess the relevance of our findings some of its limitations need to be considered. We only included scientific papers in this review, thus its scope might be limited based on that a complete search was not done. We did not conduct any quality assessment of the included studies as this is not common within the scope of this type of review. Even so some duplicates were located which implies that our search breadth might have been wide enough. The inclusion and exclusion criteria were firmly set early on in the process thus, one strength is the fact that we strictly adhered to them throughout the whole process of data collection. Our initial screening was based on titles and abstracts was only read in any cases of uncertainty. Hence, the precision of our screening depended on the terminology used in the titles and abstracts. Consequently, there might be a risk that appropriate studies have been missed out. Only studies published in English were retrieved and reviewed; however, literature meeting our review focus may well have been published in other languages. However, this scoping review can be viewed as an indication of what still remains to be done in the field to improve nursing student's skills in caring for patients that are culturally diverse.

5. Conclusions

Our scoping review reflects some implications for the educational setting. For example, it illustrates how important it is for students to enter their clinical placement with a strong cultural readiness to care for patients with a different cultural background. Thus, the educational setting needs to offer tools supporting a preparedness to meet cultural beliefs and behaviours that are not always shared by the nursing students. Educational interventions could involve giving students opportunities to explore their belief systems and recognise their cultures, as this is central in the process of developing cultural competence. It is also important that the students are given opportunities to share and reflect on their experiences in groups. The approach will facilitate insight into cultural diversity and help them to avoid easy generalisations about others. This could be done in seminars ahead of the student's clinical placements, as well as during and after their clinical placements. Reflections departing from Hatton and Smith's (1995) four levels of reflection could be used to uncover own cultural belief systems, cultural values and so on. However, to be able to develop this type of educational interventions targeting cultural sensitivity and awareness as well as preparedness demands that nurse educators also engage in more open minded critical self-reflection and dialogue around cultural competence.

There are also some implications for educational research, as our review highlights a noticeable absence of studies in the field. All the studies found were published in 2000–2016, indicating that this is a relatively new area of research. In total, the studies represented 1090 nursing students, where the majority from studies with a quantitative approach (n = 992). Our findings indicate a need for further studies that include larger samples. Moreover, there is a need for longitudinal research to compare nursing students' experiences of caring for patients that are culturally diverse at the beginning and end of their education.

Declarations of interest

None.

Conflicts of interest

The authors declare that they have no conflict of interests.

Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sector.

Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.nepr.2019.05.003.

References

. Studies included in the review

Arksey, H., O'Malley, L., 2005. Scoping studies: towards a methodological framework. Int. J. Soc. Res. Methodol. 8 (1), 19–32. https://doi.org/10.1080/1364557032000119616.

*Ayaz, S., Bilgili, S., Akin, B., 2010. The transcultural nursing concept: a study of nursing students in Turkey. Int. Nurs. Rev. 57 (4), 449–453. https://doi.org/10.1111/j.1466-7657.2010.00817.

Capinha-Baconte, J., 2002. The process of cultural competence in the delivery of healthcare services: a model of care. J. Transcult. Nurs. 13, 181–184. https://doi.org/10.1177/10459602013003003.

Chenowethm, L., Jeon, Y.H., Goff, M., Burke, C., 2006. Cultural competency and nursing care: an Australian perspective. Int. Nurs. Rev. 53 (1), 34–40. https://doi.org/10.1111/j.1466-7657.2006.00441.x.

Cioffi, J., 2005. Nurses' experiences of caring for culturally diverse patients in an acute care setting. Contemp. Nurse 20 (1), 78–86.

Cossette, S., Cara, C., Ricard, N., Pepin, J., 2005. Assessing nurse-patient interactions from a caring perspective: report of the development and preliminary psychometric testing of the Caring Nurse-Patient Interactions Scale. Int. J. Nurs. Stud. 42 (6), 673–686. https://doi.org/10.1016/j.ijnurstu.2004.10.004.

Drevdahl, D.J., Canales, M.K., Dorcy, K.S., 2008. Of goldfish tanks and moonlight tricks. Can cultural competency ameliorate health disparities? ANS Adv Nurs Sci 31 (1), 13–27. https://doi.org/10.1097/01.ANS.0000311526.27823.05.

Evans, J.A., 2002. Cautious caregivers: gender stereotypes and the sexualization of men nurses' touch. J. Adv. Nurs. 40 (4), 441–448.

Fassaert, T., Peen, J., van Straten, A., de Wit, M., Schrier, A., Heijnen, H., Cuijpers, P., Verhoeff, A., Beekman, A., Dekker, J., 2010. Ethnic differences and similarities in outpatient treatment for depression in The Netherlands. Psychiatr. Serv. 61 (7), 690–697. https://doi.org/10.1176/ps.2010.61.7.690.

Fatahi, N., Mattsson, B., Lundgren, S.M., Hellström, M., 2010. Nurse radiographers' experiences of communication with patients who do not speak the native language. J. Adv. Nurs. 66 (4), 774–783. https://doi.org/10.1111/j.1365-2648.2009.05236.x.

Gallagher, R.W., Polanin, J.R., 2015. A meta-analysis of educational interventions designed to enhance cultural competence in professional nurses and nursing students. Nurse Educ. Today 35 (2), 333–340.
Gerrish, K., 2001. The nature and effect of communication difficulties arising from interactions between district nurses and South Asian patients and their carers. J. Adv. Nurs. 33 (5), 566–574.
Goodman, P., Edge, B., Agazio, J., Prue-Owens, K., 2015. Cultural awareness: nursing care of Iraqi patients. J. Transcult. Nurs. 26 (4), 395–401. https://doi.org/10/.1177/1043659614524794 Epub 2014 May 8.
Grant, L.F., Letzring, T.D., 2003. Status of cultural competence in nursing education. J. Multicult. Nurs. Health 9 (2), 6–13.
Gregg, J., Saha, S., 2006. Losing culture on the way to competence: the use and misuse of culture in medical education. Acad. Med. 81 (6), 542–547. https://doi.org/10.1097/01.ACM.0000225218.15207.30.
Hadziabdic, E., Heikkilä, K., Albin, B., Hjelm, K., 2009. Migrants' perceptions of using interpreters in healthcare. Int. Nurs. Rev. 56 (4), 461–469. https://doi.org/10.1111/j.1466-7657.2009.00738. x.
Hadziabdic, E., Heikkilä, K., Albin, B., Hjelm, K., 2010. Healthcare staff's perceptions of using interpreters. Prim. Health Care Res. Dev. 11 (3), 260–270. https://doi.org/10.1017/S146342361000006X.
Hadziabdic, E., Heikkilä, K., Albin, B., Hjelm, K., 2011. Problems and consequences in the use of professional interpreters: qualitative analysis of incidents from primary healthcare. Nurs. Inq. 18 (3), 253–261. https://doi.org/10.1111/j.1440-1800.2011.00542.x.
Harding, T., North, N., Perkins, R., 2008. Sexualizing men's touch: male nurses and the use of intimate touch in clinical practice. Res. Theor. Nurs. Pract. 22 (2), 88–102.
Hatton, N., Smith, D., 1995. Reflection in teacher education: towards definition and implementation. Teach. Teach. Educ. 11 (1), 33–49.
Jirwe, M., 2008. Cultural Competency in Nursing. Karolinska Institutet, Department of Neurobiology, Care Sciences and Society.
*Jirwe, M., Gerrish, K., Emami, A., 2010. Student nurses' experiences of communication in cross-cultural care encounters. Scand. J. Caring Sci. 24 (3), 436–444. https://doi.org/10.1111/j.1471-6712.2009.00733.
*Karatay, G., Bowers, B., Karadag, E.B., Demir, M.C., 2016. Cultural perceptions and clinical experiences of nursing students in Eastern Turkey. Int. Nurs. Rev. 63 (4), 547–554. https://doi.org/10.1111/inr.12321.
Kardong-Edgren, S., Cason, C.L., Brennan, A.W., Reifsnider, E., Hummel, F., Mancini, M., Griffin, C., 2010. Cultural competency of graduating BSN nursing students. Nurs. Educ. Perspect. 31 (5), 278–285.
Kirmayer, L.J., 2012. Rethinking cultural competence. Transcult. Psychiatr. 49 (2), 149–164. https://doi.org/10.1177/1363461512444673.
Leishman, J., 2004. Perspectives of cultural competence in health care. Nurs. Stand. 19 (11), 33–38. https://doi.org/10.7748/ns2004.11.19.11.33.c3764.
*Lundberg, P.C., Bäckström, J., Widén, S., 2005. Caregiving to patients who are culturally diverse by Swedish last-year nursing students. J. Transcult. Nurs. 16 (3), 255–262. https://doi.org/10.1177/1043659605274952.
Mangrio, E., Sjögren Forss, K., 2017. Refugees' experiences of healthcare in the host country: a scoping review. BMC Health Serv Res 17 (1), 814. Dec 8. https://doi.org/10.1186/s12913-017-2731-0.
*McClimens, A., Brewster, J., Lewis, R., 2014. Recognising and respecting patients' cultural diversity. Nurs. Stand. 28 (28), 45–52. https://doi.org/10.7748/ns2014.03.28.28.45. e8148.
Moher, D., Liberati, A., Tetzlaff, J., Altman, D.G., 2010. Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. PLoS Med. 6 (7) e1000097. https://doi.org/10.1371/journal.pmed.1000097.
Moreno, M.R., Otero-Sabogai, R., Newman, J., 2007. Assessing dual-role staff-interpreter linguistic competency in an integrated healthcare system. J. Gen. Intern. Med. 22 (2), 331–335. https://doi.org/10.1007/s11606-007-0344-8.
Ozolins, L.-L., Hjelm, K., 2003. Nurses' experiences of problematic situations with migrants in emergency care in Sweden. Clin. Eff. Nurs. 7 (2), 84–93. https://doi.org/10.1016/S1361-9004(03)00075-X.
Roberts, C., Moss, B., Wass, V., Sarangi, S., Jones, R., 2005. Misunderstandings: a qualitative study of primary care consultations in multilingual settings, and educational implications. Med. Educ. 39 (5), 465–475. https://doi.org/10.1111/j.1365-2929.2005.02121.x.
Robinson, M., Gilmartin, J.O., 2002. Barriers to communication between health practitioners and service users who are not fluent in English. Nurse Educ. Today 22 (6), 457–465.
Rosenberg, E., Leanza, Y., Seller, R., 2007. Doctor-patient communication in primary care with an interpreter: physician perceptions of professional and family interpreters. Patient Educ. Counsel. 67 (3), 286–292. https://doi.org/10.1016/j.pec.2007.03.011.
Safipour, J., Hadziabdic, E., Hultsjö, S., Bachrach-Lindström, M., 2017. Measuring nursing students' cultural awareness: a cross-sectional study among three universities in southern Sweden. J. Nurs. Educ. Pract. 7 (1), 107–113. https://doi.org/10.5430/jnep.v7n1p107.
Saha, S., Beach, M.C., Cooper, L.A., 2008. Patient centeredness, cultural competence and healthcare quality. J. Natl. Med. Assoc. 100 (11), 1275–1285.
Schouten, B.C., Meeuwesen, L., 2006. Cultural differences in medical communication: a review of the literature. Patient Educ. Counsel. 64 (1–3), 21–34. https://doi.org/10.1016/j.pec.2005.11.014.
Shattell, M., 2004. Nurse-patient interaction: a review of the literature. J. Clin. Nurs. 13 (6), 714–722. https://doi.org/10.1111/j.1365-2702.2004.00965.x.
Sokal, R., 2010. A critical review of the literature on the uptake of cervical and breast screening in British South Asian women. Qual. Prim. Care 18 (4), 251–261.
Starr, S.S., Shattell, M.M., Gonzales, C., 2011. Do nurse educators feel competent to teach cultural competency concepts? Teach. Learn. Nurs. 6 (2), 84–88. https://doi.org/10.1016/j.teln.2010.12.004.
Tay, L.H., Ang, E., Hegney, D., 2012. Nurses' perceptions of the barriers in effective communication with inpatient cancer adults in Singapore. J. Clin. Nurs. 21 (17–18), 2647–2658. https://doi.org/10.1111/j.1365-2702.2011.03977.x.
*Tortumluoglu, G., Okanli, A., Ozyazicioglu, N., Akyil, R., 2005. Defining cultural diversities experienced in patient care by nursing students in eastern Turkey. Nurse Educ. Today 26 (2), 169–175. https://doi.org/10.1016/j.nedt.2005.08.008.
Wahoush, E.O., 2009. Reaching a hard-to-reach population such as asylum seekers and resettled refugees in Canada. Bull. World Health Organ. 87 (8), 568. 2009 Aug. https://doi.org/10.2471/BLT.08.061085.
van Wieringen, J.C., Harmsen, J.A., Bruijnzeels, M.A., 2002. Intercultural communication in general practice. Eur. J. Public Health 12 (1), 63–68. 10. https://doi.org/1093/eurpub/12.1.63.
*Zwane, S., Poggenpoel, M., 2000. Student nurses' experiences of interaction with culturally diverse psychiatric patients. Curationis 23 (2), 25–31.