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Tran Thi Hoang Oanh
Faculty of Nursing, Da Nang University of Medical Technology and Pharmacy, Vietnam

Nguyen Thi Yen Hoai
Faculty of Nursing, Da Nang University of Medical Technology and Pharmacy, Vietnam

Nguyen Thi An Nhan
Faculty of Nursing, Da Nang University of Medical Technology and Pharmacy, Vietnam, ntanhan@dhktyduocdn.edu.vn

Ngo Thi Thu Huyen
Faculty of Nursing, Da Nang University of Medical Technology and Pharmacy, Vietnam

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Cultural Awareness of Nursing Students: A Cross-sectional Study

Tran T.H. Oanh, Nguyen T.Y. Hoai, Nguyen T.A. Nhan^{*}, Ngo T.T. Huyen

Faculty of Nursing, Da Nang University of Medical Technology and Pharmacy, Viet Nam

Abstract

Purpose: Nursing worldwide and specifically in Vietnam is caring for patients with diverse cultural backgrounds. Cultural awareness helps nurses minimize inequalities in health care, boost patient satisfaction, and enhance the quality of care. This study was conducted to identify the cultural awareness of Vietnamese nursing students and to collect some related factors.

Method: A cross-sectional study was conducted on 452 nursing students in the second to fourth years of Da Nang University of Medical Technology and Pharmacy from April to November 2021. We employed a universal sampling technique. The Cultural Awareness Scale (CAS) was used to identify the level of cultural competence of nursing students. Data was entered and analyzed using SPSS version 20.0.

Results: The results indicated that the average score of nursing students' cultural awareness was quite high ($M = 181.12$; $SD = 22.09$), specifically, 5 domains of the CAS also expressed a slightly high average score. Besides, nursing students with age around 20–21 years old ($P = 0.006$), learning in 2nd year ($P = 0.023$), being participated in culturally related courses ($P = 0.023$), and having relationships with people from different cultural areas ($P = 0.020$) showed a higher cultural awareness than other participants.

Discussion: Cultural awareness is an important content that needs to be taught in nursing training programs, moreover, students also need to improve this skill during clinical practice to improve the quality of care and ensure equity among patients of different cultures.

Conclusion: Cultural awareness training should be provided to students at the beginning and even after graduation. Exploring cultural awareness, its predictors, and implementing interventions to promote cultural awareness for nursing students should be considered for implementation in the future.

Keywords: Awareness, Cultural, Nursing student, Vietnam

1. Introduction

Healthcare around the world is facing challenges related to the growing cultural diversity of patients, as well as issues that arise when healthcare providers interact with patients from diverse backgrounds [1]. Vietnam is considered a multi-ethnic and multicultural country, with the Kinh ethnic group accounting for 85.4% of the country's population, and the remaining for 53 different minor ethnic groups [2]. In addition, Vietnam is also in a period of integration and development, so there is a significant increase in healthcare needs for people

from other countries with different cultures. Facing these obstacles, the importance of nurses' cultural competence has been emphasized in recent years. Cultural awareness is the first step toward cultural competency [3]. The first step in measuring cultural competence is assessing cultural awareness [4].

According to the article by Rew and colleagues, cultural awareness was defined as “learning to work with people from diverse cultural backgrounds, using interpersonal communication, relationship skills, and behavioral flexibility” [5]. Specifically, in the health-care field, cultural awareness is defined as the capacity to identify and respect cultural variations and

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* Corresponding author.
E-mail address: ntanhan@dhktyduocdn.edu.vn (N.T.A. Nhan).

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similarities in one's own and other people's beliefs, attitudes, and behaviors, and to use this knowledge to health care practice in order to address the needs of patients from culturally varied backgrounds. It is seen to be essential for delivering efficient, patient-centered care that honors diversity [3,6].

Education is considered a first step toward developing cultural awareness for students [7]. To acquire cultural awareness, nurses need to be educated and trained through teaching activities at schools, clinical practice, and research activities during their training at colleges [1,8]. Developing cultural awareness for nursing students are seen as the first and most important step to forming cultural competence in health care [9].

In the world, many studies are showing that nursing cultural competence stands on low and moderate levels [9–11]. For nursing students, two studies conducted by Licen (2021) and Safipour (2016) showed that students' cultural awareness was also quite high, and it is related to their school year [12,13].

However, cultural awareness is still a concept that has not been properly understood by nurses, and it has not been mainstreamed into the curriculum at medical universities until now. Furthermore, the number of studies conducted about the cultural abilities of nurses and nursing students is very limited.

Da Nang, one of the most advanced cities in Central Vietnam, is presently a popular destination for tourists and business travelers from outside. As a result, healthcare professionals must offer treatment to a sizable population of individuals from many cultural backgrounds. Recognizing this demand, during the development and improvement of the nursing training program, Da Nang University of Medical Technology and Pharmacy has integrated multicultural content into the Communication module (taught in the third semester) since 2018.

This study was conducted to identify the cultural awareness of nursing students and to collect some factors related to this cultural awareness. This is thereby serving as a basis for the addition, of complete training programs, aiming for comprehensive health care for all patients, families, and communities, and responding to national integration and globalization trends.

2. Methods

2.1. Study design

A cross-sectional study was followed by the STROBE (Strengthening the Reporting of Observational Studies in Epidemiology) statement (<https://www.strobe-statement.org/>).

2.2. Setting

This study was aimed at 2nd, 3rd, and 4th-year full-time nursing students at Da Nang University of Medical Technology and Pharmacy from April 2021 to November 2021. In 2018, the Faculty of Nursing of Da Nang University of Medical Technology and Pharmacy did a significant curriculum innovation which to meet the needs of renewing teaching methods and improving the quality of nursing student outcomes. Specifically, the communication module was supplemented with cross-cultural content. In this part, students were given lectures about cross-cultural and then practiced in the skill labs in order to achieve this skill. This module was implemented for 2nd year nursing students, then they will continue with theory, specialized modules, and clinical practice until graduation.

2.3. Participants

A total of 452 participants who were selected from all second-, third-, and fourth-year nursing students at Da Nang University of Medical Technology and Pharmacy, Vietnam were collected in this study by census sampling method. Nursing students who finished the Communication module were included in this study. The participants were provided with the purpose and complete information about the research before obtaining their consent to participate and they were reassured that they could withdraw at any stage of this research without any explanations.

2.4. Study measurement

A two-part instrument was used in this study. The first part was questioned about demographic with 5 characteristics including age, religion, school year, participation in cultural-related courses, and associating different cultural people. The second part of the instrument was the Cultural Competence Assessment (CAS) questionnaire developed by Rew et al. [5] This questionnaire was designed based on Rew's model of cultural diversity and consistent with the theory of cultural competence of the Purnell model [14]. The CAS used to measure the first stage of the cultural competency development of nursing students, which included 36 questions belonging to five domains: common experience in education (14 items), patient care (5 items), attitudes (6 items), self-perception (7 items), and research issues (4 items). All items were responded to on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree), however, within 36 items, 7

questions have reversed the results. Total scores for all questions were calculated with a higher total score indicating higher cultural competence. According to author Rew et al., the CAS has a good CVI score of 0.88, and a Cronbach alpha index of 0.82 [5].

The instrument was translated into Vietnamese according to the forward-backward translation technique following Cha's research [15]. Before conducting data collection, the Vietnamese version of the questionnaire was tested for reliability with a small sample of 30 nursing students. According to the result, the Cronbach alpha index for cultural competence accounted for 0.82 for the whole instrument, and for each area, the results were good with 0.72 for common experience in education, 0.75 for self-perception, 0.82 for research issues, 0.61 for attitudes, and 0.73 for patient care domain, respectively.

2.5. Bias

Researchers collect data from the entire population to limit selection bias, and for reducing measurement bias, the instruments tested the validity and reliability by a small study before applying it to the whole sample.

2.6. Study sample size

A software named G*Power ver. 3.1.9.4 (Heinrich-Heine-Universität Düsseldorf, Düsseldorf, Germany; <http://www.gpower.hhu.de/>) was used for a measurement sample size of this study. In the case of the correlation test, the input was a one-sided analysis, the effect size was 0.2, the α error probability was 0.05, and the power was 0.8. After putting these parameters into the software, a total of 153 students was suggested as a minimum sample size. However, the researcher has chosen an entire population with 452 students as an actual sample size to enhance the generalizability of the study findings.

2.7. Statistical method

Data were analyzed with SPSS 20.00. Descriptive analysis was performed to report the distribution of five variables of socio-demographic data, and the cultural competence by frequency, mean (M), and standard deviation (SD). Additionally, the t-test and ANOVA were used to compare the differences in cultural competence between the groups of subjects. A $P < 0.05$ was considered to indicate statistical significance.

3. Results

3.1. Participants characteristics

The mean age of participants was 20.99 (SD = 1.04), with an age range from 19 to 24 years old. Most of the nursing students were female (95.1%), while almost 50% of the participants were fourth-year students. Among 452 students who joined the study, 79.9% of them were not following a religion, whilst 9.3% were Buddhism (Table 1).

3.2. Level of cultural awareness of nursing students

Assessing nursing students' cultural awareness by the CAS, the result showed that the average score of all items was quite high (M = 187; SD = 22.09), with maximum and minimum scores accounting for 240 and 106 points, respectively. Besides, for each domain as shown in Table 2, the mean scores for each of them were relatively high.

3.3. Difference of cultural awareness level and nursing student's demographic characteristics

There were significant differences in cultural awareness of nursing students of different ages and school years ($P < 0.05$) (Table 3). Specifically, nursing students studying in 2nd year; and being 20 years old expressed the highest mean score of the CAS tool. However, the cultural awareness of nursing students being joined culturally related courses was higher (M = 185.49) than the others (M = 179.85), with $P = 0.023$. Moreover, participants, who acquaintance with people coming from different cultural areas, indicated a higher mean score of the CAS tool ($P = 0.020$).

4. Discussion

In 2002, author Leininger introduced a theory of cultural care diversity with the content that “culture influences people's health and illness experiences as well as the delivery of nursing care” [16]. Today, we are completely aware of the cultural variances among patients and the necessity to deliver care that is compatible across cultures. Therefore, beginning

Table 1. Cultural awareness of nursing students following six domains.

Domains	Mean	SD	Min-Max
General Education Experience (GEE)	70.14	10.86	29–96
Cognitive Awareness (CA)	35.03	7.10	13–49
Behaviors/Comfort with Interactions (BCI)	29.85	6.60	12–42
Research Issues (RI)	18.92	4.79	4–28
Patient care/Clinical Issues (PCCI)	27.18	5.27	8–35
Cultural Awareness (CAS)	181.12	22.09	106–240

Table 2. Cultural awareness of nursing students following 36 items.

No.	Items	Mean	SD
General Educational Experience			
1	The instructors at this nursing school adequately address multicultural issues in nursing.	4.70	1.56
2	This nursing school provides opportunities for activities related to multicultural affairs.	4.59	1.63
3	Since entering this nursing school, my understanding of multicultural issues has increased.	4.76	1.62
4	My experiences at this nursing school have helped me become knowledgeable about the health problems associated with various racial and cultural groups.	4.82	1.61
5	During group discussions or exercises, I have noticed the nursing instructors make efforts to ensure no student is excluded.	5.88	1.43
6	In my nursing classes, my instructors have engaged in behaviors that may have made students from certain cultural backgrounds feel excluded.	2.49	1.88
7	My instructors at this nursing school seem comfortable discussing cultural issues in the classroom.	5.68	1.41
8	My nursing instructors seem interested in learning how their classroom behaviors may discourage students from certain cultural or ethnic groups.	4.58	1.85
9	I believe the classroom experiences at this nursing school help students become more comfortable interacting with people from different cultures.	5.64	1.49
10	I believe some aspects of the classroom environment at this nursing school may alienate students from some cultural backgrounds.	3.79	1.97
11	My clinical courses at this nursing school have helped me become more comfortable interacting with people from different cultures.	5.82	1.28
12	I feel that the instructors at this nursing school respect differences in individuals from diverse cultural backgrounds.	6.00	1.33
13	The instructors at this nursing school model behaviors that are sensitive to multicultural issues.	3.06	1.86
14	The instructors at this nursing school use examples and/or case studies that incorporate information from various cultural and ethnic groups.	4.92	1.59
Cognitive Awareness			
15	I think my beliefs and attitudes are influenced by my culture.	5.25	1.62
16	I think my behaviors are influenced by my culture.	5.08	1.67
17	I often reflect on how culture affects beliefs, attitudes, and behaviors.	5.00	1.56
18	I believe nurses' own cultural beliefs influence their nursing care decisions.	4.91	1.74
19	I think students' cultural values influence their classroom behaviors (e.g., asking questions, participating in groups, offering comments).	4.95	1.60
20	I think it is the nursing instructor's responsibility to accommodate students' diverse learning needs.	5.57	1.51
21	I think the cultural values of the nursing instructors influence their behaviors in the clinical setting.	4.27	1.78
Behaviors/Comfort with Interactions			
22	When I have an opportunity to help someone, I offer assistance less frequently to individuals of certain cultural backgrounds.	4.49	1.82
23	I am less patient with individuals of certain cultural backgrounds.	5.11	1.79
24	I feel comfortable working with patients of all ethnic groups.	5.26	1.67
25	I typically feel somewhat uncomfortable when I am in the company of people from cultural or ethnic backgrounds different from my own.	5.65	1.77
26	I have noticed that the instructors at this nursing school call on students from minority cultural groups when issues related to their group come up in class.	4.12	1.88
27	I feel somewhat uncomfortable working with the families of patients from cultural backgrounds different than my own.	5.21	2.07
Research Issues			
28	The faculty at this nursing school conducts research that considers multicultural aspects of health-related issues.	5.06	1.59
29	The students at this nursing school have completed theses and dissertation studies that considered cultural differences related to health issues.	4.42	1.53
30	The researchers at this nursing school consider relevance of data collection measures for the cultural groups they are studying.	4.73	1.37
31	The researchers at this nursing school consider cultural issues when interpreting findings in their studies.	4.71	1.40
Patient Care/Clinical Issues			
32	I feel comfortable discussing cultural issues in the classroom.	5.76	1.41
33	I respect the decisions of my patients when they are influenced by their culture, even if I disagree.	5.20	1.71
34	If I need more information about a patient's culture, I would use resources available onsite (e.g., books, videotapes).	5.36	1.61
35	If I need more information about a patient's culture, I would feel comfortable asking people I work with.	5.42	1.49
36	If I need more information about a patient's culture, I would feel comfortable asking the patient or family member.	5.44	1.49

Table 3. Difference of cultural awareness level and nursing student's demographic characteristics.

Variables	n	M	Cultural awareness	
			t/F	P
Age	19	2	3.35	0.006
	20	199		
	21	91		
	22	122		
	23	36		
	24	2		
Religion	Buddhism	42	0.96	0.41
	Christian	21		
	Others	28		
	No religion	361		
School year	2nd student	143	3.79	0.023
	3rd student	106		
	4th student	203		
Participated in cultural related courses	Yes	102	2.28	0.023
	No	350		
Associating different cultural people	Yes	185	2.33	0.020
	No	267		

from the 2nd of the school year, our nursing students were approached with multicultural care through a new communication subject to assist nursing students in building and perfecting their cultural awareness before working in a practical environment.

Our study results show that the mean score of nursing students' cultural awareness was quite high, accounting for 181.12 (SD = 22.09). This result is similar to the study of Lican that was conducted in 2021, with an average score of 189.72 (SD = 19.632) [12]. It also aligns with the findings of a study conducted at four European universities in 2024, which reported an average score of 188.07 (SD = 21.45) [17].

Specifically, the mean score of each domain was also quite high. Specifically, the average score of the General Education Experience domain was 70.14 overall (with a maximum of 96 and a low of 29). For the items in this domain, descriptive data indicated a high percentage of agreement and a low rate of disagreement. These findings demonstrated that cultural awareness was used appropriately in nursing programs and that nursing students received instruction that was sensitive to cultural differences. Besides, many students in our study strongly agreed on questions about instructors' performance related to students' cultural awareness, such as: "I feel that the instructors at this nursing school respect differences in individuals from diverse cultural backgrounds", "During group discussions or exercises, I have noticed the nursing instructors make efforts to ensure no student is excluded", "My instructors at this nursing school seem comfortable discussing cultural issues in the classroom", etc. This result was similar to some

previous studies [13,18]. Cultural awareness of nursing educators, who honor, reflect, and cherish the diverse attributes of their students, was essential for the development of culturally competent nursing students [18]. Unfortunately, there were some nursing students answered that they were negatively influenced by their teachers (like "In my nursing classes, my instructors have engaged in behaviors that may have made students from certain cultural backgrounds feel excluded") as well as by educational environments (like "I believe some aspects of the classroom environment at this nursing school may alienate students from some cultural backgrounds"). Both comments were congruent with a conclusion in the study of Debrew [19].

Similar to the General Education Experience domain, the mean score of Cognitive Awareness was also quite high. High rates of agreement were also seen in the descriptive data for the items falling within this category. The students' item responses in this category indicated that they thought their cultural origins had a broad impact on their actions, attitudes, and beliefs. The mean score for Behaviors/Comfort with Interactions was 29.85 overall. In this domain, a lower percentage rate indicates a higher level of awareness of the majority of the questions. High rates of agreement were seen for the normal items and high rates of disagreement for the reversed ones, according to the descriptive statistical data. According to the poll results, students felt comfortable interacting with individuals from diverse ethnic backgrounds. Apart from other domains, the mean score for Research Issues was 18.92 overall. In this category, agreement rates were lower than those for others. The findings showed that

cultural diversity-related issues may not have been adequately taken into account in research issues; this is a deficiency that should be considered in the student's future research initiatives. For the Patient care/Clinical Issues domains, the mean score was quite high. These findings showed that during their experience training and practice, students felt that they were attentive to and conscious of cultural differences in the patients they cared for.

Aggregately, the mean score of all dimensions in this study was higher than the results of Safipour's study, except the Patient care/Clinical Issues domain, with $M = 30.92$ ($SD = 3.92$) in the research of Safipour [13]. This can be explained by the fact that the subjects in Safipour's study were final-year nursing students who have had a long practice of caring for patients, so their multicultural patient care skills are also higher for the Patient care/Clinical Issues domain.

The results of Table 3 showed that there was a statistically significant difference in cultural awareness between each student's age group ($p = 0.006$). The age with the highest average score on cultural awareness was 20 years old, this age corresponded to the students in 2nd school year. Similarly, there was a difference in students' cultural awareness between school years ($P = 0.023$). Nursing students in 2nd year had the highest score on cultural awareness ($M = 184.28$), followed by 3rd year ($M = 182.75$) and the lowest was for the final year ($M = 178.85$). According to the state of Betancour and Green authors, nursing students need to be trained at universities to form and enhance their cultural awareness [1]. Besides, Choi and Kim (2018) also concluded that the cultural awareness of students would be increased if they were provided with cultural experiences during training [20]. Therefore, in 2018, the time of updating the nursing curriculum, our nursing faculty also added new content on multicultural communication in a nursing communication subject. Moreover, at the time of this study, the 2nd nursing students were the first generation of this new curriculum applying, thereby, the change in the curriculum could be explained by the above results of our study. However, this result was similar to the study of Riley et al. (2010) with nursing students at two universities in Nevada, USA [21]. In the fact that cultural training will improve students' cultural awareness and this effect will decrease over time if no training is continued [20]. This explains for the reason why the average score of the final year students' cultural awareness is lower than that of the remaining years. From this, it can be shown that cultural content needs to be trained in all school years when students are studying at university and even after graduation

to work. This result was proved by the study of Licen et al. and Leyla et al. [12,22].

In addition, this study indicated that the cultural awareness of the students who have the opportunity to take courses related to cultural awareness was higher than the other group of students ($p = 0.023$), with the average score for the two groups accounting for 185.49 and 179.85, respectively. This result was consistent with the evidence obtained from Choi and Kim's study (2018) and the study of Betancourt and Green (2010) [1,20].

Finally, the group of students who have relationships with people coming from other cultural areas have higher cultural awareness than the rest of the students. This difference was statistically significant with $P = 0.02$. This result could be explained that if the nursing students were able to interact, communicate, build relationships, and work effectively with people from diverse cultural and ethnic backgrounds, their awareness about multicultural was improved day by day [23].

5. Limitation of the study

The limitation of this study is the fact that first- and second grade students were not included in the research. It is recommended that all grade levels be included in future studies and that comparative studies be conducted in nursing schools in different regions.

6. Conclusion

The nursing students' cultural awareness was quite high, moreover, nursing students aged around 20–21 years old, learning in 2nd year, participating in culturally related courses, and having relationships with people from different cultural areas showed a higher cultural awareness than other participants. These findings provide insight into cultural awareness among Vietnamese nursing students. And they ought to have been mentioned in the literature on the CAS tool-based studies of cultural awareness. According to the results of this study, cultural awareness training must be provided during all school years, while students are enrolled in college/university, and even after they graduate and begin working. Further studies should be conducted to explore cultural awareness, its predictors, and experimental studies to improve it among nursing students.

Ethical considerations

The Research Council of Da Nang University of Medical Technology and Pharmacy had approved

this study by decision No.187/QD-DHKTYDDN. The purpose and content of the study were clearly explained to all participants. Subjects participated voluntarily in the study and were allowed to leave at any time during the interview.

Other disclosure

None.

Conflict of interest

There are no conflicts of interest in this study.

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