



Co-funded by the  
Erasmus+ Programme  
of the European Union



Training Intercultural Nursing Educators and Students



# **IO1 Profile identification of an Intercultural Nursing Educator**



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## INTRODUCTION

A changing society with free movement of citizens within the European Union, distant parts of our globe becoming more accessible, and an increasingly multicultural population are factors influencing healthcare, highlighting the need for intercultural competence among health professionals (Amerson & Livingston, 2014; Bond, Kardong-Edgren, & Jones, 2001; Cowan & Norman, 2006; Hagen, Munkhondya, & Myhre, 2009).

Papadopoulos (2006) and Kersey-Matusiak (2018) warn about the deficiencies of the health care system to provide care adapted to a cultural diverse society. This failure has contributed to an increase of medical errors, in increase in length of stay, an increase in avoidable hospitalizations and the over- and under-utilization of procedures, thus widening health care disparities (Smallwood, 2018). In addition, Laveist et al., (2011) determined that in the United States, between 2003 and 2006 the combined direct and indirect costs of health disparities due to cultural diversity in the US was 1.24 trillion dollars.

Training health professionals could ameliorate this situation, because the intercultural competence of professionals has an impact on the effective use of social resources (Majumdar, Browne, Roberts, & Carpio, 2004), on patients' satisfaction (Beach et al., 2005; Truong, Paradies, & Priest, 2014), on patients' adherence to the therapeutic regimen, (Beach et al., 2005; Truong et al., 2014) and on patients' health outcomes (Beach et al., 2005; Horvat, Horey, Romios, & Kis-Rigo, 2014; Majumdar et al., 2004; Truong et al., 2014).

Given the effect that training in intercultural competence has on professionals and on the population, some institutions raise the importance of developing educational programs to increase this competence in nurses (American Association of Colleges of Nursing (AACN), 2008; National League for Nursing, 2005; U.S. Department of Health and Human Services, 2011). In 2018, the Organisation for Economic Co-operation and Development (OECD, 2018) proclaims the need to foster global competence on students for more inclusive societies, and within this competence they include aspects related to the development of the intercultural competence.

Campinha-Bacote (1998), defines cultural competence in nursing as “the process in which the healthcare professional continually strives to achieve the ability and availability to effectively work within the cultural context of a client” (family, individual or community). This model of cultural competence views cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire as the five constructs of cultural competence. As the author mentions, intercultural competence should be understood as a process more than a final product. In that sense, the Developmental Model of Intercultural Sensitivity (DMIS) created by Milton Bennett (1986, 2013) presents a continuum that explains different stages in the development of intercultural competence. This continuum extends from ethnocentrism, the experience of one's own culture as “central to reality,” to ethnorelativism, the experience of one's own and other cultures as “relative to context.”

The development of intercultural competence is a complex process of construction-reconstruction, because nursing students have to undergo profound changes in their frames of reference. In addition, they learn to understand the multifactorial complexity of phenomena, become aware of their own values and the values of others, develop different attitudes and intercultural skills. So, this training requires



transformative pedagogical strategies that are active and innovative, intellectually stimulating, emotionally rewarding and adequate to develop intercultural competence in nursing students (Andrews & Boyle, 2016; Clingerman, 2011; M. Jeffreys, 2010; M. R. Jeffreys & Dogan, 2012; Larsen & Reif, 2011). It is essential that some of those strategies are based on critical reflection processes that maximize the experiences and critical moments of students (Bønløkke, van der Linde, & De Lorenzo Urien, 2018).

Due to the complexity involved in the development of these training processes, nurse educators should be interculturally competent and prepared pedagogically to facilitate intercultural learning and growth. In fact, the educator needs to be ethnorelative, and one stage ahead of the developmental aim of the educators and students.

However, although nursing educators are expected to educate nursing students to provide culturally proficient care for patients, (Baghdadi & Ismaile, 2018) indicate that nurse educators have moderate levels of intercultural competence, and strongly suggests that intercultural competence of nursing educators is vital to prepare our future nurses. Long (2012) also criticized the lack of training of faculty, as only one out of 94 nursing faculty held a certificate in intercultural nursing. Kardong-Edgren et al., (2005) also reported that half of the lecturers teaching intercultural competence do not have any memorable academic preparation, so they may not be aware of the competences needed to be well-versed interculturally and pedagogically trained to support the transformative intercultural development of students. This fact could explain why some trainers and educational programs expect students to develop intercultural competence through isolated specific interventions, and the use of a single pedagogical strategy such as an intercultural immersion. In fact, Vande Berg et al., (2012) indicate that a cultural immersion without facilitation does not ensure the development of intercultural competence.

Therefore, it is important to develop programs for nurse educators, so they can train student nurses to become intercultural competent. In order to develop those programs it is important to have a clear definition of the competencies needed by those educators.

## AIM

The aim of this publication is to provide a profile of an intercultural competent nurse educator that will facilitate the development of intercultural competence of nursing students. This profile shall form the basis for developing a competence-based curriculum encompassing the cognitive, affective and psychomotor skills and behaviours expected of those nurse educators.

## METHODOLOGY

The development of the proposed profile was made using a Delphi method which is based on experts' opinion, divided in several phases (Dalkey & Helmer, 1963).

In the **first phase (Prevision of the future)**, the experts answered about the possible consequences of not having a specific profile.

In the **second phase (Decision Making)** it has been requested and reached the agreement about the necessity to define a specific profile.

The **third phase (Gold answers)** included an exhaustive literature review about the pedagogical competence of intercultural educators, and contextual needs analysis arising from an exploratory fieldwork of nurse educators that are involved in the European Nursing Network Module (ENM). The phase was further developed and refined based on input from members of the project with expertise in the area.

The literature review started with the search of the profile of the educator that trains intercultural competence in nursing, due to the limited bibliography found, the search was extended to the profile of the educator in nursing, and the interculturally competent nurse and/or professional.

An electronic database search was conducted in Cochrane CENTRAL, Ovid MEDLINE, Ovid PsycINFO, CINAHL and Cochrane, Proquest Central and Eric from the beginning of the project until the 15<sup>th</sup> of October 2019. The search terms were grouped into three constructs: Intercultural competency, educators and competencies or role using the keywords recommended in the thesaurus of each data base, and combining them with the boolean operators OR and AND.

For instance in Medline we search with the following MesH combinations [{"Mentors" OR "mentoring" OR "Preceptorship" OR "teaching" OR "teacher training" OR "educational, medical" OR "education, professional" OR "education, nursing, baccalaureate" OR "education, Nursing"}] and [{"transcultural nursing" OR "Cultural competent care" OR "Cultural competency"}] A manual search was also conducted.

Inclusion criteria consisted of publication such as books, theoretical papers, research articles, or grey literature published from 1985 to date in any of the languages of the countries engaged in this project (English, Italian, Danish, Dutch, Serbian, Macedonian, and German). Out of the 391 pieces of bibliography found, 49 were selected.

With the information gathered from the literature review, the exploratory fieldwork, and the experience from experts, a competence profile was developed using different rounds of the Delphi method.

In the I ROUND (Definition of the profile's dimensions) the group of experts decided to use a model organized in 3 dimensions (Personal, Professional and Pedagogical).

In the II ROUND (Definition of the profile's sub-dimensions) the group of experts decided to divide each dimension in 3 sub-dimension: Knowledge; Attitudes/Values; Skills.

In the III ROUND (Definition of the profile's items/1) each competence emerged by the previous literally review has been voted in terms of valid or not.

In the IV ROUND (Definition of the profile's items/2) it has been decide in which sub-dimension (Personal, Professional and Pedagogical) place each competence.

The **IV PHASE (Dissemination Phase)** relates to the 2<sup>nd</sup> Intellectual Output of the project that will start on January 2020. The results of the previous work will be open to a larger group of experts in order to validate the profile. In the I ROUND of this last phase (Definition of the competences' validity) it will be requested to vote the validity of each competence. In the II ROUND (Definition of the competences' position respect the sub-dimensions) it will be requested to decide the position in the sub-dimension of each previous-validated competence.



## THE PROPOSED PROFILE

This profile classifies the competences of the educator that trains nurse students to develop intercultural competence in three dimensions: The Personal, the Professional and the Pedagogical.

The personal intercultural competence dimension presents the intercultural competence aspect that forms the basis for a professional intercultural competent nurse and a nurse educator teaching intercultural competence. In order to perform competently, this person needs to have the ability to operate appropriately and effectively in cross-cultural situations. Individuals with a monocultural or ethnocentric perspective make sense of cultural differences and commonalities based on their own cultural values and practices. While a more intercultural or ethnorelative mind-set recognises cultural differences and commonalities in their own and other cultures, being able to adapt to the situation. Ideally, the intercultural competence nurse educator should be ethnorelative to provide the highest quality interventions.

The professional dimension illustrates the attributes an intercultural competent nurse requires. This dimension is relevant, as nurse educators who train intercultural competence, need to ensure that the students learn to communicate and provide effective and appropriate care adapted to the cultural background of the patient, groups or communities within their professional context. This includes also the ability to work in multicultural teams.

The pedagogical dimension describes characteristics of a nurse educator who teaches intercultural competence. This dimension is divided in two sub-dimensions. One sub-dimension concentrates on the necessity that all nurse educators to teach students in an intercultural competent way. For example, taking the diversity of human beings, of learners and the diversity in their teaching contents into account. The second sub-dimension focuses on the competence to teach and foster the development of intercultural competence of nursing students.

The dimensions of this profile are intertwined and there will be some overlap; for example, the pedagogical dimension contains aspects of the professional and the personal dimensions. However in this paper, the three dimensions are presented separately

In addition, there are two possible approaches to framing “intercultural competence.” One is a developmental approach, which constructs a continuum extending from less developed to more developed, often with interim stages defined. Another option is a taxonomic approach. We have chosen approach to categorize the dimensions, taking into account the previous treatments of the topic by the OECD Global Competence Framework (2018) and the WHO Nurse Educator Core Competencies (2016). So, the attributes of each dimension are further categorized into knowledge, attitudes and values and skills as they will be needed to reach the competencies. We expect this common description will facilitate the development of an educational program and facilitate the creation of an assessment tool and method.

Although we have chosen a learning taxonomy approach to organize the profile, we could subsequently construct the curriculum of the educational program based on a developmental model, as the DMIS-Developmental Model of Intercultural Sensitivity (Bennett M. J., 1986, 2017). This model defines

movement from ethnocentrism to ethnorelativism in terms of increasing perceptual complexity and more sophisticated experience of otherness.

Most competences within the profile are based on the literature review, some are only based on the experience of the experts in intercultural education, filling in the gaps found in the literature selected.

## PERSONAL INTERCULTURAL COMPETENCE

Personal intercultural competence is the process in which the person becomes increasingly sensitive to cultural differences (Bennett M. J., 2013). In the setting of an intercultural nurse educator, it is a prerequisite that the individual is ethnorelative, this allows the person to predict the effectiveness and appropriateness of intercultural interactions. The individual is able to experience one's own and other cultures as "relative to context." They are able to 1) recognize the prevailing cultural context in which they are operating; 2) shift their experience into an alternative worldview view sufficiently to generate appropriate behaviour; and 3) maintain a climate of respect for cultural difference while making ethical decisions.

### Knowledge

An ethnorelative individual can:

- describe what culture is and recognize elements of culture which affect intercultural interaction (Bennett J. M., 2013)
- explain the influence perception plays on the attribution of meaning (Bennett M. J., 2013; Schaerli, 2014)
- explain sociolinguistic awareness, specifically intercultural communication styles and local language (Blair, 2017)
- describe deep cultural knowledge related to self and cultural others, recite cultural frameworks for exploring cultural value differences (Schaerli, 2014; Vande Berg et al., 2012)
- formulate a grasp of global issues (Blair, 2017; OECD, 2018)

### Attitudes & Values

An ethnorelative individual can:

- show respect and value of the cultural other
- show openness to new experiences and to people who are different (Blair, 2017; Paige, 1993; Vande Berg et al., 2012)
- demonstrate curiosity - interest in seeking out cultural interactions and the cultural other (Blair, 2017)
- tolerate ambiguity (Deardorff, 2009)
- recognize cultural self-awareness (Deardorff, 2009)
- show patience
- respond with sense of humility
- show global mindedness (Hett, 2010; OECD; 2018)
- give everyone the benefit of the doubt and thereby assume the intentions of others are positive (Bennett M. J., 2013)
- value human dignity and diversity (OECD, 2018)



## Skills

An ethnorelative individual can:

- show listening, observing and evaluating skills using patience and perseverance to unlock meaning (Blair, 2017)
- show behaviour that demonstrates challenging the own cultural assumptions (Vande Berg et al., 2012)
- engage with cultural others; seek cooperation and involvement (Blair, 2017)
- implement intercultural conflict management and resolution (Hammer, 2012; OECD, 2018)
- develop multiple frames of reference for interpreting and analysing intercultural interactions
- communicate effectively and appropriately with cultural others (Bennett M. J., 1998; Deardorff, 2009)
- understand the perspectives of others' ideas before responding; watch and wait; clarify and paraphrase to achieve shared meaning (Bennett, J.M, 2013)
- suspend judgement long enough to examine multiple perspectives and interpret behaviour (suspend the automatic pilot) (Vande Berg et al., 2012); Bennett M. J., 2013)
- show cognitive and behavioural flexibility (Deardorff, 2009)
- utilize cultural frameworks to become more self-aware and observe cultural patterns different from their own (Vande Berg et al., 2012)
- reflect on the meaning of their intercultural encounters (Vande Berg et al., 2012)
- select from a broad repertoire of behaviour which is appropriate to the cultural context and the desired outcome
- differentiate between cultural stereotyping and cultural generalizations and demonstrate the ability to formulate generalizations as a working hypothesis (Schaerli, 2014)
- practice cultural bridging (Hofer-Sapphire, 2008; Bourkia, 2009)
- maintain perception of both commonalities and differences across cultures (Bartlund, 1998)
- accept and respect cultural values of others (Bennett M. J., 1998)

## PROFESSIONAL INTERCULTURAL COMPETENCE

Professional intercultural competence is the application of personal intercultural competence to some professional context, such as nursing. That means that intercultural competent nurses are generally able to: 1. Cover the ability to be in a culturally new environment, 2. Cover the patient care, 3. Cover the attitude to all others in a professional relationship – patients as well as interdisciplinary staff..

## Knowledge

The intercultural competent nurses will be able to:

- describe the meaning of culture and the theories on cultural learning and intercultural competence.
- explain the diversity of health beliefs, of patient, family and nurse roles and their mutual expectations
- understand the stages from ethnocentrism to ethnorelativism (Berardo & Deardorff, 2012) (Bennett M. J., 2004)
- describe ethical dilemmas about cultural diversity and the determinants in health inequalities (Papadopoulos, 2006)
- demonstrate knowledge about cultural shock (De Lorenzo, 2018)
- understand migratory and acculturation processes (De Lorenzo, 2018)
- understand culture and care practices of other society and cultural groups and health belief models





- understand the emotional experience, thoughts and behaviours of persons with a different cultural background
- describe the principles of intercultural communication
- explain the tools to perform nursing assessments sensitive to culture (Andrews & Boyle, 2016)
- describe Intercultural conflicts prevention and management of racism, prejudice and stereotypes as unconscious bias
- describe strategies to adapt educational and care intervention to culture

## Attitude and values

The intercultural competent nurses will be able to:

- demonstrate awareness of own culture and individual worldview towards cultural difference and its effect on care (Campinha-Bacote, 2010; Papadopoulos, 2006)
- demonstrate awareness of stereotypes, prejudices and cultural biases (Campinha-Bacote, 2010; Papadopoulos, 2006)
- demonstrate cultural desire (Campinha-Bacote, 2010)
- demonstrate a genuine and sincere motivation to increase intercultural competence (Campinha-Bacote, 2010)
- demonstrate cultural empathy and approach differences sensitively (Gopal, 2011; Papadopoulos, 2006; Ridley & Lingle, 1996)
- expressing cultural humility (Tervalon & Murray-García, 1998)
- show the desire to correct power imbalances (Papadopoulos, 2006)
- showing interest in knowing the culture of the student or patient (Campinha-Bacote, 2010)
- believe that none culture is superior to others (Tervalon & Murray-García, 1998)
- demonstrate commitment to teach and provide care sensitive to culture
- demonstrate open-mindedness and flexibility (Jenks, 2011; Liaw, Wade, Lau, Hasan, & Furler, 2016; Zoucha, 2000)
- accept and respect different ways of doing and seeing the world (Jenks, 2011; Liaw et al., 2016; Zoucha, 2000).

## Skills

The intercultural competent nurses will be able to:

- show intercultural knowledge into skills.
- use tools to performs nursing assessments adapted to culture (Andrews & Boyle, 2016; Papadopoulos, 2006; Purnell & Paulanka, 2008)
- help in the acculturation process of people newly immersed in another culture (de Lorenzo, 2018)
- manage intercultural care and understanding individual life-worlds in specific situation and in various contexts and to infer appropriate ways of action from this boundary situations
- manage intercultural communication skills (Logan, Steel, & Hunt, 2014; Papadopoulos, 2006)
- use strategies to prevent and manage intercultural conflict (De Lorenzo, 2018)
- apply social equity in care (Dawe et al., 2017)
- analyse and manage ethical dilemmas that emerge from cultural diversity (Dawe et al., 2017)
- be able to manage the prejudice
- work in a multidisciplinary team
- provide culturally congruent and sensitive care (Papadopoulos, 2006; Campinha-Bacote 2010)



## PEDAGOGICAL INTERCULTURAL COMPETENCE

The Pedagogical intercultural competence dimension is the application of intercultural competence into nursing education. It has to be differentiated in two profiles: a) The competence to teach any subject in an intercultural competent way; b) The additional competence to educate intercultural competence to nursing students.

### Intercultural Competent Nurse Educator

The intercultural competent nurse educator should demonstrate 1) awareness of their own cultural approach and biases; 2) awareness of the diversity of the students 3) to adapt the teaching and learning process and methods to the diversity of the students.

### Knowledge

The nurse educator is able to

- support the students in recognizing and explaining the impact of their own culture in their learning process, the group dynamics, the relationship building, their communication and conflict style,...
- analyze the cultural factors that condition learning (Vande Berg et al., 2012).
- associate how culture influences the style of learning, thinking, and communicating (Passarelli & Kolb, 2012).
- formulate the impact of the culture of the teacher on the content they teach.
- describe the impact of culture in the trainer-learner relationship and in the learner- learner relationship e.g. power, role-modelling, source of expertise (Dimitrov & Haque, 2016; Paige, 1986).
- describe the impact of the culture of student in the process of group dynamics.
- identify risk factors, challenges and barriers that learners might surface during teaching activities (Dimitrov & Haque, 2016).
- explain the principles of intercultural communication to enhance the teaching and learning process (Bennett M. J., 1998).
- describe educational strategies to lead a culturally diverse group (Kate. Berardo & Deardorff, 2012).
- compare local, regional and international ethical code of conduct and obligations related to nursing education and practice.

### Attitudes and values

The nurse educator is able to

- acknowledge, accept and integrate cultural differences among learners or teachers and various ways of learning (Dimitrov & Haque, 2016).
- demonstrate a genuine motivation to approach a cultural other (Bennett J.M., 2012)
- demonstrate a positive attitude to provide pedagogical interventions adapted to the culture of the student.
- feel cultural empathy for students` need of safety and trust (Paige, 1986).
- recognize power differences, and allow for Cultural variability in the class room, teacher-student/learner-learner (Dimitrov & Haque, 2016; Paige & Martin, 1996)
- demonstrate commitment towards the promotion of ethical behaviours of respect, dignity, openmindedness and tolerance of the cultural other (Allan, 2010; Bellon-Harn & Weinbaum, 2017; Campinha-Bacote, 2010; Cornish & White, 2016; Dimitrov & Haque, 2016; Liaw et al., 2016)
- display honesty and fairness in all monitoring activities (Factor & de Guzman, 2017).



## Skills

The nurse educator is able to

- recognise and validate cultural differences in writing and communication (Dimitrov & Haque, 2016).
- provide educational interventions adapted to cultural diversity.
- demonstrate empathy in situations with culturally diverse students.
- relativize own values, norms and expectations concerning education.
- show inclusiveness where all feel connected and respected (Wlodkowski, 1999).
- model ethical behaviour of respect, dignity, openmindedness, acceptance of ambiguity and of the cultural other (Dimitrov & Haque, 2016).
- use intercultural communication skills in the teaching and learning process.
- use strategies to manage intercultural conflict in the teaching and learning process.
- model and encourage perspective shifting / multi-perspectives in the teaching and learning process. (Dimitrov & Haque, 2016).
- apply social justice in education, analyzing the ethical dilemmas that emerge from cultural diversity.
- be self-reflective as an educator (e.g.: about their own interpretations, unconscious bias, pre-justice, and stereotyping) (Dimitrov & Haque, 2016; Paige, 1986).
- create opportunities for peer learning and interaction among diverse learners (Dimitrov & Haque, 2016).

## Educator that trains intercultural competence in nursing

The educator that trains intercultural competence should demonstrate the ability to: 1) to design, implement, and manage intercultural competence educational programs in nursing; 2) to conduct effective teaching and guiding according to the individual developmental process of the students; 3) manage a variety of methods, especially experiential, to promote intercultural competence.

## Knowledge

The nurse educator that trains intercultural competence in nursing is able to:

- develop goals, objectives and content of the educational program for the development of cultural competence in nursing. (See appendix 1)·(Bønløkke & van der Linde, 2019; Koskinen & Tossavainen, 2003; Paige, 1986).
- identify the relevant pedagogical perspectives and theories to train intercultural competence (de Lorenzo, 2018; Paige, 1986).
- describe conceptual frameworks that present the continuum of development of intercultural sensitivity (e.g.: DMIS).
- explain the purpose, advantages and disadvantages of the different experiential and didactic training strategies, according to the student stage of development of cultural sensitivity (Dan Landis, Bennett, & Bennett, 2004) (See Appendix 2 ).
- describe (risk)factors such as cultural shock, stress, resistance and denial that affect learning for students developing intercultural competence (Bellon-Harn & Weinbaum, 2017; Dimitrov & Haque, 2016; Koskinen & Tossavainen, 2003; Mikkonen, Elo, Tuomikoski, & Kääriäinen, 2016; Paige, 1986; Woods et al., 2013).
- explain the affective-emotional reactions and the coping strategies of the students that are in the process to develop intercultural competence (de Lorenzo, 2018).
- describe the principles of intercultural communication and theories of intercultural Relations
- describe the principles of coaching for students in a cultural immersion.



- explain the advantages and disadvantages of the different methodologies and tools to assess and evaluate cultural competence programs (Deardorff & Arasaratnam-Smith, 2017) (See appendix 3).

## Attitudes and values

The nurse educator that trains intercultural competence in nursing is able to

- show commitment towards the continuous adaptation of the teaching and learning strategies to individualize the learning process to develop intercultural competence.
- show a positive attitude to apply active and innovative methods aimed at reflective and critical thinking to develop intercultural competence (Dimitrov & Haque, 2016; Koskinen & Tossavainen, 2003).
- demonstrate commitment towards the ethics of culture teaching and learning and the ethics of culture contact (Bønløkke & van der Linde 2019, Howell, 1996)
- demonstrate caring, integrity, mutual trust, respect, enthusiasm, patience, tolerance with ambiguity, and flexibility to facilitate learning (Bellon-Harn & Weinbaum, 2017; Bønløkke & van der Linde, 2019; Campinha-Bacote, 2010; Dimitrov & Haque, 2016; Factor & de Guzman, 2017; Hammer, 2012; Liaw et al., 2016; Loughran, 2002; World Health Organization, 2016).
- demonstrate commitment to life-long learning about intercultural competence and the way to train it (Cornish & White, 2016).

## Skills

The nurse educator that trains intercultural competence in nursing is able to

- use conceptual frameworks needed for the development of intercultural competence (Paige, 1986).
- design integrated training programs with the appropriate mix of experiential and didactic methods, culture-specific and culture-general content, and cognitive-affective-behavioral-learning activities (Paige, 1993).
- use appropriate methods to assess the readiness and intercultural competence of the students in order to sequence interventions appropriately and to individualize their training (Allan, 2010; J. M. Bennett & Bennett, 2004; Campinha-Bacote, 2002; Dimitrov & Haque, 2016; Gregersen-Hermans & Pusch, 2012; Koskinen & Tossavainen, 2003; Paige, 2004; Vande Berg et al., 2012).
- utilize specific strategies for each developmental stage to enhance intercultural development (Bennett M. J., 2013).
- use motivational strategies throughout the learning sequences to enhance effective learning (Wlodkowski, 1999) (Bønløkke & van der Linde 2019, Wlodkowski 1999).
- foster reflection on differences and commonalities (Hammer, 2012) and analysis to understand the impact of culture, and the dangers of ethnocentrism in nursing (Bønløkke & van der Linde 2019).
- help learners to suspend judgement long enough to examine multiple perspectives - to stop the automatic pilot (Bennett J. M., 2012).
- induce the use of multiple frames of reference for interpreting intercultural situations.
- facilitate strategies to enhance the awareness of the students' own culture construction (Bønløkke & van der Linde 2019).
- model and guide the exploration and practice of perspective shifting (Bourkia, 2006, Bønløkke & van der Linde 2019).



- induce the analysis of the potential ethical issues and dilemmas in relation to the care of the different (Bønløkke & van der Linde 2019).
- guide, challenge and support intercultural students effectively (Bønløkke & van der Linde, 2019).
- employ counselling strategies that help students to deal with cultural challenges, to recognize their sources of stress, to help them make sense of the experiences (Bønløkke & van der Linde, 2019; Mikkonen et al., 2016) and to manage their emotional reactions (Paige, 1986).
- use appropriate methods of evaluation of the level of intercultural competence of the students (Deardorff & Arasaratnam-Smith, 2017).
- analyse the ethical dilemmas of the impact on students of the teaching-learning process to promote cultural competence (Paige, 1986; Paige & Martin, 1996).
- create and maintain a safe environment that is conducive to learn intercultural competence (Bønløkke & van der Linde, 2019; Dimitrov & Haque, 2016; Paige, 1986; Paige & Martin, 1996).
- foster teamwork and collaboration with educational and clinical institutions at the local, national and international level (Bønløkke & van der Linde 2019).



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## APPENDICES

### No. 1 Content to include in the programs

- What is culture
- What is cultural competence in nursing
- Ethical dilemmas and Cultural diversity as a determinant in health inequalities.
- Consequences of not adapting care to culture
- Theoretical models of Transcultural Nursing.
- How culture affects everyday life.
- Knowledge about their own culture/ cultural identity and how it influences our perception.
- Awareness of stereotypes, prejudices and cultural biases.
- Socio-political-economic-religious factors that influence cultural practices.
- Models of Cultural Analysis.
- Cultural shock and acculturative stress and acculturation processes
- Culture and care practices of other society and cultural groups.
- Principles of intercultural communication and culture-general frameworks.
- Communication styles and Power relations between patient and professional
- Tools to perform nursing assessments adapted to culture
- Care adapted to culture.
- Intercultural conflicts: prevention and management, teamwork, cultural adjustment
- Cultures specific knowledge: Cross-cultural perspectives throughout the life cycle, Care in childhood and culture, Caring for the elderly through different cultures, Motherhood and culture, Cross-cultural aspects of pain, Death in different cultures and gender communication
- Multicultural Societies: Models of multicultural societies and acculturation strategies

### No. 2 General educational strategies

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| <ul style="list-style-type: none"> <li>▪ Cultural encounters with culturally diverse people</li> <li>▪ Cultural immersions/ student exchanges</li> <li>▪ Critical incidents for the cultural and structural comparative analysis</li> <li>▪ Case-based learning</li> <li>▪ Discussion and group work.</li> <li>▪ Cultural analysis exercises</li> <li>▪ Simulation games</li> <li>▪ Self-assessment</li> <li>▪ Case studies</li> </ul> | <ul style="list-style-type: none"> <li>▪ Intercultural exercises</li> <li>▪ Cine forum and films</li> <li>▪ Role playing</li> <li>▪ Contrast Culture training</li> <li>▪ Culture assimilator or Intercultural sensitizer</li> <li>▪ Cross cultural analysis</li> <li>▪ Lectures of people from other cultures</li> <li>▪ Active participatory lectures.</li> <li>▪ Used self-experience as a tool</li> </ul> |
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### No. 3 Assessment and evaluation tools

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| <ul style="list-style-type: none"> <li>▪ Cultural Self-Efficacy Scale (CSES), Bernaland Froman,1993 [14]</li> <li>▪ Transcultural Self-Efficacy Tool(TSET), Jeffrey (2010)</li> <li>▪ Inventory for Assessing the Process of Cultural Competency (IAPCCand IAPCC-R), (CampinhaBacote, 2009)</li> <li>▪ IAPCC Inventory for Assessing the Process Cultural Competence student version or mentor version (Campinha-Bacote 2007; 2010)</li> </ul> | <ul style="list-style-type: none"> <li>▪ Cultural Competence Assessment (CCA), Schimet al.,2003[28].</li> <li>▪ Cultural Diversity Questionnaire for Nurse Educators - CDQNE [32</li> <li>▪ Nurse Cultural Competence Scale(NCCS), Perngand Watson2012</li> <li>▪ IDI, Intercultural Development Inventory (Hammer &amp; Bennet, 2001)</li> </ul> |
|--|---|