

Cultural Competence Among Nursing Students in Pakistan: A Literature Review

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Abstract

Today's nursing practice mostly draws on cultural competence in light of patients' diverse needs. This literature review explores ways in which structural learning techniques, such as settings like clinics, simulations, and in vivo cultural learning, could strengthen the teaching of cultural competencies in nursing training. Aim: To evaluate the progression of cultural competence and various educational interventions' effectiveness for the advancement of the culture, after taking into account the most relevant research works such as Leininger's Transcultural Nursing Theory and Social Identity Theory. Different research has proven that cultural competence reduces health inequities and improves patients' outcomes, satisfaction, and adherence to treatments. However, despite these benefits, many educational institutions face many challenges, especially in Pakistan. The different cultural barriers to the training initiative include language problems, gender conventions, and resources. The review findings provide a basis for calling for organized programs, tying the theoretical construction together with effective practical experience. The most crucial aspect in conducting such a gap-closing, culturally competency-building program lies in the necessity to use only evidence-based training methods. More study should be focused on long-term studies and high-tech techniques, such as simulation-based learning, to better promote culturally competent care in nursing education. To enhance their readiness to offer equitable treatment in multicultural settings, especially in culturally variant countries like Pakistan, it will be essential to strengthen the cultural competency of healthcare workers.

Key Word: Cultural Competence in Nursing, Nursing Students, Transcultural Nursing Education, Pakistan Nursing Education, Culturally Competent Care

Background

Global nursing practice and nursing education are challenged by the effects of migration, globalization, and the growing cultural diversity of patients. To meet the requirements of people from a variety of cultural backgrounds, including families, communities, and individuals, it is now essential for healthcare services and educational programs to provide culturally congruent treatment to clients with diverse cultural backgrounds.¹ The convergence of cultural awareness, cultural knowledge, cultural skills, and cultural sensitivity is the lifelong process of cultural competence (CC). Additionally, it suggests that nurses constantly endeavor to improve their capacity and preparedness to function well in their clients' cultural environment, whether that be at the individual, family, or community level.² Cultural competency is defined as "the dynamic process of acquiring the ability to provide effective, safe, and quality care to the patients by considering their various cultural aspects".³ Culturally congruent care is the understanding of how culturally based treatment, actions, and decisions can impact clients' cultural values, beliefs, worldviews, and lifestyles to improve their health

and well-being or to prevent illness, disability, or death.¹ In order to provide care that is culturally appropriate, nurses must possess cultural competence. This implies that they must comprehend patients in light of their cultural upbringing. It is also necessary to have sufficient knowledge about other cultures and customs to do a comprehensive patient assessment.⁴ Cultural competency has been at the forefront of nursing discourse for over 50 years, and it is today an essential part of nursing practice and an indication of the professionalism of the field.⁵ Healthcare professionals must understand and appreciate cultural differences to demonstrate their cultural competency.⁶ Cultural competency has been shown to have a major impact on patient outcomes and lowering healthcare disparities (e.g., patient satisfaction).⁷ Cultural competency care is aware of how the therapy may affect the patient's culture. It involves the appropriate, culturally based use of health and care knowledge to help individuals or communities attain optimal health and well-being or cope with illnesses, disorders, and death.⁸ According to studies, nurses who practice culturally competent nursing have the ability to increase patient happiness, improve care quality, and combat racism in the medical field.⁹ In terms of health outcomes (such as treatment adherence), this helps patients from different cultural backgrounds. Nurses with high cultural competency can interact with patients more successfully, which can help develop appropriate therapies.⁶ To the best of our knowledge, no study has ever been conducted using a psychometrically tested instrument to evaluate Pakistani nurses' cultural competency. Therefore, the purpose of this study is to determine the relevant elements and evaluate the cultural competency of nursing students working in Pakistani healthcare settings.

Statement of the problem:

The rapid demographic changes in many nations, such as the increase in minority communities and the increasingly globalized patient bases, make this lack of cultural competency especially worrying among nursing students. As a result, there is a pressing need for healthcare organizations to give nursing students the skills they need to identify and address cultural differences. Many nursing students commonly express concerns about inadequate exposure to diverse patient populations during their clinical training. Their comprehension and implementation of culturally sensitive care techniques may be compromised due to this inexperience.^{9,10} Nursing education frequently fails to appropriately address cultural humility, which stresses introspection and lifelong learning about different cultures. Students might not have the abilities needed to successfully negotiate cultural differences, which could result in miscommunications and patient satisfaction.¹¹

Research question:

What is the level of cultural competence among nursing students?

Research objective:

To determine the **cultural competence among nursing students.**

Purpose of the study:

This study aims to examine the **cultural competence among nursing students.**

Significance of the study:

Recent studies that highlight the importance of incorporating cultural competence training into nursing courses, reflecting the growing multiculturalism of countries and resulting healthcare challenges, highlight the need for cultural competence in nursing education to prepare future healthcare workers to serve a variety of populations. Nurses may improve health outcomes and reduce health inequities. Because they are better at recognizing and meeting the specific needs of patients from different backgrounds, they exhibit cultural competency. According to research, offering culturally competent care increases patient satisfaction and confidence, which fosters better communication and adherence to treatment.^{5,10} Nursing students must develop cultural competence to fulfill their moral commitment to giving equitable care. This means being aware of their preconceptions and appreciating how they may affect relationships

with patients.^{3,9} In addition to being morally right, integrating cultural competence into nursing education prepares students for the realities of a multicultural healthcare environment. A Slovenian study, for instance, found that students who were exposed to transcultural aspects reported higher levels of cultural competency, indicating that planned educational intervention can significantly increase nursing student's cultural awareness and sensitivity. This suggests that transcultural nursing content should be regularly included in nursing program curricula.^{5,11} Numerous studies evaluating nursing students' cultural competency throughout Europe have found that they are moderately conscious of cultural differences but that there are still gaps in their curricula effective integration. More thorough training programs are required, as evidenced by cross-sectional research with 168 students that revealed strong intercultural sensitivity but only modest cultural competence.^{9,11} Higher educational attainment is associated with more exposure to diverse cultures, which enhances students' ability to provide culturally sensitive care. Other factors that significantly impact cultural competence levels among nursing students include self-perception of competence, educational attainment, and prior training in cultural diversity.^{3,9} Students' varying levels of confidence in their ability to provide culturally competent treatment are largely due to their hands-on experiences during clinical rotations, which highlights the importance of experiential learning in promoting cultural competency. Qualitative research has enabled us to understand how students feel about developing cultural competency.⁹ In an Australian study, nursing students' cultural competency was found to be significantly influenced by age, educational attainment, training in cultural diversity, and perceived cultural competency. Students who were older, more educated, and had previously attended cultural diversity training all showed higher levels of cultural competency.³ A study carried out in Ethiopia found that 58.7% of Sudanese nurses scored poorly on cultural competency, underscoring the need for further guidance and support in delivering culturally appropriate care.¹²

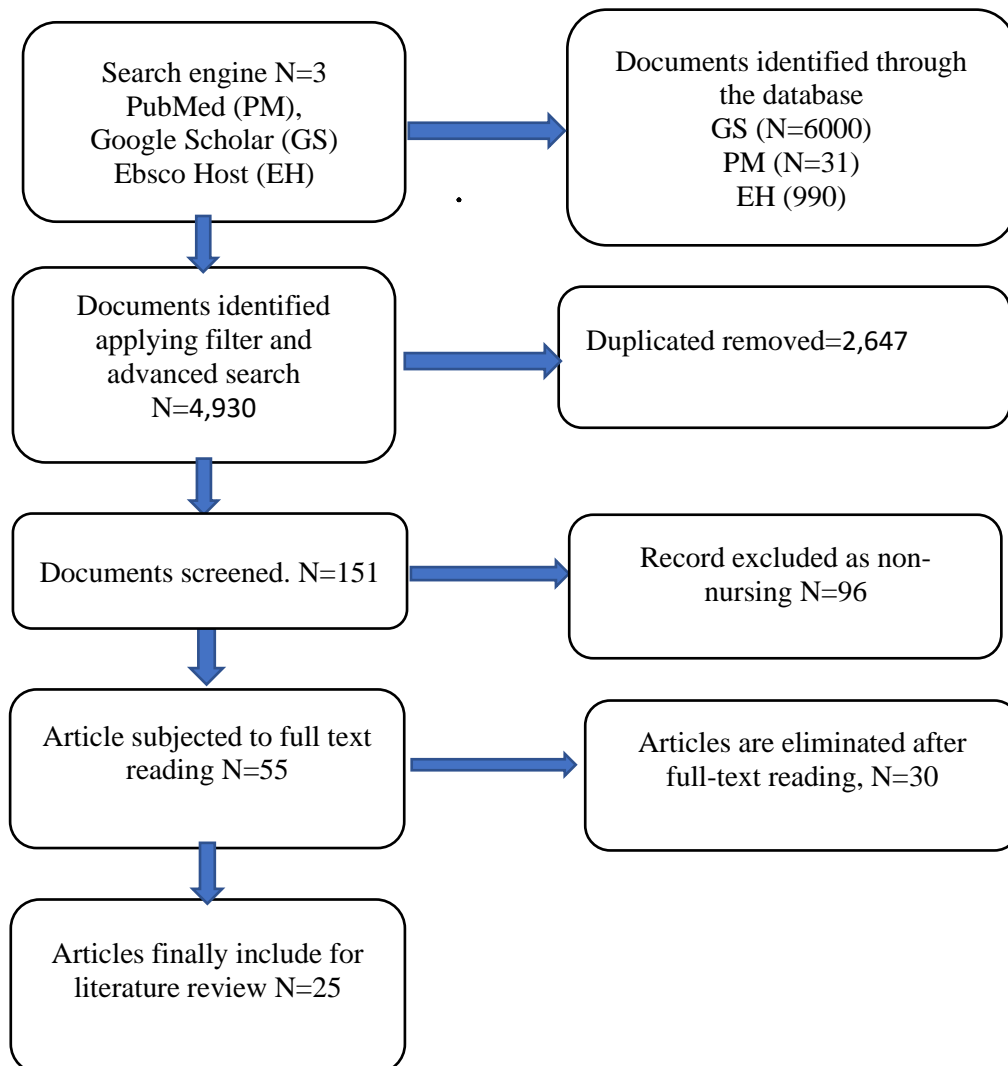
To assist nurses become more culturally competent, a scoring study that looked at the effectiveness of several training methods found that in-person education, simulations, and online learning were all beneficial. The review emphasized the significance of integrating real-world examples into training programs to enhance learning results.¹³ A study comparing nursing students from different educational levels also showed that early cultural competence training integration in nursing curricula is necessary to promote improved comprehension and skills, even though second-semester professional and eighth-semester academic nursing students had similar average cultural competence scores.¹⁰ Commonly mentioned challenges include poor training, a lack of organizational support, and language barriers. These challenges significantly hinder nurses ability to provide culturally competent care because they may lead to misunderstandings or inadequate communication with patients from diverse backgrounds.^{11,12} According to research, healthcare institutions frequently neglect to offer organized programs, and the resources required to improve staff members' cultural competency, which can prolong inequities in the provision of treatment.³ According to studies, nurses who believe they are culturally competent typically perform better in circumstances that are sensitive to cultural differences. Since this self-perception is important and connects to real competence levels, increasing self-awareness through reflective practices may improve cultural competency in general.³ Better patient outcomes and fewer health inequities are associated with culturally competent nursing practices. According to research, patient satisfaction rises dramatically when nurses are taught to recognize and value patient's varied cultural backgrounds. This improves treatment compliance and yields better health outcomes.¹¹

Search Strategy

To find pertinent, research-based literature on cultural competency in nursing education, a thorough literature search was carried out. We used electronic databases such as EBSCO Host (EH), Google Scholar (GS), and PubMed (PM). The following terms were used both alone and in different combinations: "cultural competence," "cultural competency," "cultural instruments," "measurement of cultural competency," "nursing," "nursing students," and "cultural sensitivity." Search refinement was aided by Boolean operators like "AND" to

combine terms, "OR" to include papers with any of the search parameters, and "NOT" to remove documents with certain phrases. At first, there were no time constraints. A total of 7,021 papers were found throughout the search, including 990 from EH, 6,000 from GS, and 31 from PM. This amount was down to 4,930 articles using sophisticated filters and search tools. Subsequent refining produced 2,647 unique articles by restricting the search to works published during the previous ten years (2013–2023) and removing duplicates. After screening titles and abstracts, 96 irrelevant papers were eliminated, leaving 151 articles for full-text examination. Studies that were written in English, centered on nursing students and assessed cultural competency in learning environments met the inclusion criteria. Articles that discussed educational approaches targeted at enhancing cultural competency, such as clinical placements, simulations, online training, or in-person instruction, were chosen. Included were studies that looked at outcomes linked to cultural competency, including treatment adherence, patient satisfaction, student knowledge, and abilities. Systematic reviews, cross-sectional studies, scoping reviews, and qualitative interviews were among the quantitative and qualitative study designs that were taken into consideration. Exclusion Studies that were entirely theoretical without empirical investigation did not address cultural competency outcomes, or concentrated on non-nursing groups were among the criteria. Additionally, papers with overlapping findings and duplicates were not included. 25 papers that satisfied all requirements were included in the final literature study after an additional 96 articles were eliminated as non-nursing and 30 were eliminated after full-text reviews from 151. To improve openness and repeatability, the whole selection process from the first search to the final selection was outlined in a PRISMA chart.

PRISMA Chart



Literature Review

According to the American Association for Health Education, cultural competency is defined as the individuals' capability to understand and respect beliefs, attitudes, traditions, and values that are diverse across cultures, and respond by assessing, planning, implementing, and evaluating health education and health promotion programs accordingly.¹⁴

Importance of Cultural Competency in the Current Medical Era

Cultural competency has begun to play a crucial role in medical services worldwide. It includes healthcare providers' ability to provide holistic care including social, cultural, and linguistic, requirements to enhance health outcomes and minimize gaps.¹⁵ Cultural competency includes social and economic background, religious beliefs, and overall characteristics. Social capability goes past figuring out ethnic or racial contrasts¹⁷, it additionally includes paying attention to patients' social, financial, and religious backgrounds and general personalities.

Global Challenges and Trends in Cultural Competency

Worldwide, Cultural competency is viewed as a device to accomplish patients' holistic care, particularly due to multicultural migration, and social changes.⁷ However, worldwide it's a great challenge to incorporate cultural competency. Several countries are religiously working to integrate cultural competency training and practices among healthcare providers however, it still needs to improve as it does not meet healthcare standards. A common critique regarding current cultural competency programs is that they lack depth about ethnic differences and ignore the more complex social factors of health, like socioeconomic, education, and healthcare facilities access.⁷ Furthermore, the cultural competency training is under-researched and required to be discovered.¹⁸ In addition, the available research more relies on self-reported measures.¹⁹ Since culture is a very diverse concept that includes multiple variables like age, gender, socioeconomic status, and race, it is more than just clinical outcomes.

Regional Case Studies and their Impact on Cultural Competency

Among multicultural societies, cultural competency has gained very close attention. Therefore, European countries like Spain, Belgium, Turkey, and Portugal have recognized the significance of cultural competency and religiously provide the required skills including cultural competency to their healthcare providers.^{3,20} Interesting research conducted in these countries still highlights that healthcare providers feel that they are not prepared to meet the cultural needs of the multicultural patient population. Furthermore, nursing students in these countries strongly desire more comprehensive cultural competence training in their educational programs, which incorporates more exposure to the theoretical foundation of cultural care and practical, hands-on experiences in multicultural environments.²¹ Cultural competence is also becoming more recognized in regions with significant religious and linguistic diversity. Several nursing students are unsatisfied with their multicultural patients' care due to poor cultural competency training²² which fails to meet social and cultural needs.¹²

Critical Areas in Cultural Competency and Role of Pakistani Nursing Students

One of the crucial areas which must be addressed in cultural competency among Pakistani healthcare workers is "women's health". Particularly in rural areas of Pakistan, women are not allowed to make decisions for their health, since it is a male-dominated area thus cultural norms are more rigid. Therefore, healthcare providers must be prepared for these cultural challenges and make possible and flexible ways for women's health rights, which is not possible with in-depth cultural competency.²³ Another cultural challenge is language, most of the patients speak their regional languages, which could also be a challenge for a healthcare provider, and hinder patient care. Above mentioned cultural barriers highlight the urgent need for enriching cultural competency training among Pakistani nursing institutions.²³ Several Pakistani studies highlight that nursing students, nurses, and other healthcare providers frequently face challenges while dealing with culturally and religiously sensitive issues, like providing reproductive²⁴ and vaccination²⁵ health services among Pakistani patients.

Synthesis and Analysis

Thematic Synthesis of Findings

Several fundamental themes emerge from the literature on cultural competency in nursing education, which are crucial for comprehending the extent and constraints of current research and instructional strategies:

Cultural Competency and its Importance for Nursing:

Research continuously shows that cultural competency is essential in contemporary nursing to improve patient satisfaction, treatment adherence, and health outcomes by reducing health disparities and bridging communication gaps.^{7,15} Globally, nursing curricula are beginning to emphasize cultural competency as essential to preparing healthcare professionals to deliver patient-centered, holistic care.

Interventions and Training Pedagogies in Education:

Research has identified several techniques that have been successful in helping nursing students develop cultural competency, including clinical placements, simulations, and experiential learning.^{3,4} Community-based clinical assignments and simulation-based learning effectively link theoretical knowledge to real-world application; however, their integration into the curriculum can be inconsistent.

Obstacles in application:

In culturally diverse environments like Pakistan, there is a clear lack of cultural competency training that addresses complex social aspects such as gender norms, socioeconomic status, and language barriers. Research from Pakistan and other multicultural regions has demonstrated that these challenges significantly impact the effectiveness of training programs.^{12,23}

Real-Word Implication and Theoretical Structure:

The transcultural nursing theory proposed by Leininger describes the theoretical foundation of care from a cultural perspective and serves as a fundamental structure.⁸ In this literature, there is a gap in how these ideas are implemented in real-world scenarios because practical applications of these structures and frameworks are not frequently described.

Summary Table of Key Findings Across Studies

Study	Region	Key Findings	Gaps Identified
Betancourt et al. (2022)	Global	Healthcare inequities are lessened by cultural competency.	Particularly when it comes to intricate social aspects like socioeconomic position and education, the training is shallow.
Kaihlanen et al. (2019)	Europe	Cultural sensitivity is crucial for comprehensive health care.	Insufficient attention to deeply ingrained cultural elements, such as patient education, and socioeconomic considerations
Osmanovic et al. (2023)	Europe	Simulation-based learning is effective for enhancing cultural competence	Limited practical applications and uneven curricular integration throughout universities
Cai et al. (2021)	Pakistan	Highlights barriers to women's healthcare in a culturally diverse context	Draws attention to the lack of specialized training for certain issues including gender norms and language obstacles that affect women's healthcare in a culturally varied setting.

Berie et al. (2021)	Ethiopia	Cultural competence training improves satisfaction among diverse patients	Self-reported data reduces the conclusions' dependability.
Mcfarland et al. (2018)	Theoretical (Global)	Leininger's Transcultural Nursing Theory provides the framework for cultural care	The practical application of theory is still unclear and poorly assessed.
Tosun et al. (2021)	Multinational	Students' comprehension of cultural competency is enhanced by transcultural nursing education.	Limited monitoring of long-term efficacy; mostly depends on self-evaluation
Rahimi et al. (2023)	Iran	Nursing educators' cultural competency is improved by virtual training programs.	Absence of experience, hands-on learning in the training methodology
Antón-Solanas et al. (2021)	Europe	Nursing students are eager for real-world, experiential learning opportunities in cultural competency.	Practical experience is not sufficiently included in educational curricula.
Liu et al. (2022)	China	Cultural competence education improves knowledge but needs more rigorous evaluation methods	Excessive dependence on self-reported evaluations; insufficient use of hands-on training techniques
Nkhoma et al. (2023)	Global	Cultural competency is efficiently developed through online and simulation-based learning.	Few research looks at how well cultural competency abilities are retained over time.
Beck et al. (2024)	Germany	Training in cross-cultural competency is required for healthcare workers who interact with a variety of groups.	Limited evidence on the impact on patient outcomes; lack of diversity-specific guidelines
Medlock et al. (2017)	Europe	Students benefit from theoretical and hands-on cultural training	Insufficient data about the effect on patient outcomes; absence of guidelines tailored to diversity
Green et al. (2002)	USA	Cultural sensitivity is increased when social variables are incorporated into cross-cultural medical education.	Early studies show that medical and nursing education needs more specialized training approaches.
Tabassum et al. (2022)	Pakistan	Identifies language and cultural hurdles that prevent people from receiving immunization treatments.	Insufficient training tailored to individual regions to tackle issues related to rural areas and language

Zelege et al. (2024)	Ethiopia	Draws attention to the lack of cultural competency in public hospitals.	Argues for organized cultural competency education to handle difficulties in various healthcare environments.
Sagarra-Romero et al. (2024)	Spain, Belgium, Turkey, Portugal	Although students express a reasonable level of cultural awareness, curricular integration has to be improved.	Cross-sectional results on skill retention without long-term monitoring
Derous et al. (2021)	Europe	Although it has to be improved, training lessens prejudice in healthcare.	Self-reported results could not accurately represent real abilities or a decrease in prejudices.

Critical Analysis of Methods and Limitations

While the literature provides valuable insights, it also presents some methodological flaws. Many studies utilize self-reported measures of cultural competency, which can introduce bias and may not accurately reflect students' true abilities in clinical settings. Additionally, cross-sectional designs are prevalent; however, they do not track students' progress over time and only offer a snapshot of their competency. As a result, conclusions about the long-term effects of cultural competency training are limited due to this design flaw. Community placements and simulation-based learning are often recognized as effective educational methods. However, few studies evaluate how consistently and effectively these approaches are implemented across different schools. One commonly used theoretical framework is Leininger's Transcultural Nursing Theory, but it is often applied without a comprehensive analysis of its practical effectiveness. Furthermore, students' perspectives and experiences in culturally diverse settings are rarely examined using qualitative approaches, which could offer deeper insights into the effectiveness of various teaching strategies.

Discussion

The current review indicates a high need for improvements to enhance cultural competence in training, particularly among nursing students based on studies from Pakistan. Research suggests that addressing cultural competence can eliminate these communication barriers, reducing healthcare disparities and increasing patient satisfaction, treatment adherence, and improved health status. Therefore, cultural competency training should be an integral part of nursing education in Pakistan. This need is driven by substantial cultural barriers of socioeconomic differences, and linguistic isolation. and gender roles. Healthcare professionals in Pakistan have struggled to negotiate the cultural barriers needed for successful integration and clinical practice, particularly without specialized training on this region-specific type of cultural dynamics as research revealed. Cultural competence training: Some data are mixed. Some studies reveal the positive effects of educational interventions such as placement in clinics or simulations, but others raise concerns about limited context specificity if local issues are not addressed. Pakistan: Like Nigeria, in Pakistan a number of family and community institutions heavily influence healthcare decisions anyone who has worked with South Asian patients knows that cultural competency training can only go so far when it comes to negotiating the complex social dynamics at play.

Conclusion

The research work denotes that cultural competency is essential to nursing practice, and improvement in its dimensions will lead to a great betterment in the satisfaction of patient outcomes. Therefore, the inclusion of a well-defined cultural competency curriculum in the Pakistan nursing education system would be inevitable, and this curriculum should take into account the specific cultural concerns of the area. Recommendations: Dev.

Modules specific to women would need to be designed with focused learning on gender norms, the limitations of language, and dynamics inherent in a society as specifically cultural as Pakistani. Local nursing education has to include site-specific learning experiences for nursing students, such as simulation and community-based placements that meet specific local concerns. Cultural competency in nursing education extends and draws broader effects beyond the level of the individual patient. Implementation also leads to better health outcomes and less health inequity. Nursing students learn skills that will enable them to work effectively with cultural diversity, thus allowing healthcare systems to encourage models for more inclusive care that patients can readily connect with, reflective of the multicultural needs of today's communities.

Implications and Future Directions

This study identified the importance of a standardized curriculum on cultural competency in nursing schools, especially for countries like Pakistan whereby they require to impact policies efficiently regarding nursing education. Within budget constraints, training programs should be prioritized towards culturally relevant knowledge and skills needed for the changing demographic of the nation. The introduction of simulation-based learning and community-based internships would further support students to become more familiar with real world cultural dynamics. Longitudinal studies should be a major focus of future research in order to determine the effect over time on patient outcomes and effectiveness of culturally appropriate educational interventions. Future empirical studies should provide a framework for cultural competency and aim to explain the transformation of this approach in different cultures, language barriers, gender discrimination, etc. These gaps point the way forward to future studies and hopefully lead towards new forms of nursing education programs that are contextually grounded as well as more responsive to changing conditions in healthcare, toward empowering practitioners with competence for multicultural care.

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