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Evaluating the effectiveness of a new curriculum for transcultural nursing education: a mixed-method study

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Abstract

Background In recent years, limited studies have evaluated the development of cultural awareness, sensitivity, skills, communication and competence among nursing students using different models and curricula.

Objectives This study aimed to evaluate the effectiveness of a new internationally developed curriculum for transcultural nursing education.

Methods This mixed methods study was conducted on nursing students ($n=83$) who attended a transcultural nursing course from 2021 to 2022 during the fall semester. A paired samples test was used to compare total scores, and the related-samples Wilcoxon signed-rank test was used to compare subscale scores.

Results The vast majority (94.0%) of the participants mentioned Islam as their religion. Turkish was the mother tongue of 91.6% of them, while 10.8% were able to speak English and 6.0% were able to speak Kurdish fluently. The mean score for the achievement of cultural competence subdimension posttest was significantly greater ($p < 0.001$). Posttest mean scores for challenges and barriers in providing culturally competent care subdimensions were significantly lower ($p = 0.003$). The mean score on the culturally sensitive communication subdimension pretest was 21.00 ± 4.76 , and the mean score on the posttest increased to 23.02 ± 6.05 , which was a statistically significantly greater difference ($p = 0.024$). According to the qualitative results of our study, five main themes were analyzed: transcultural nursing as an opportunity, transcultural nursing as a didactic process, transcultural nursing as a professional field, transcultural care as a safe environment, and transcultural care as an obligation.

Conclusions In this study, after a semester of continuing education, nursing students developed respect for cultural diversity, cultural competence, and culturally sensitive communication.

Keywords Nursing students, Transcultural nursing, Nursing education, Cultural competence, Cultural sensitivity, Metaphor analysis

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Introduction

Due to the mobility of people around the world, the increasing heterogeneity of populations, and the increasing use of healthcare facilities by people from diverse cultures and ethnicities, nurses need to be aware of their changing perceptions and tolerance levels toward healthcare [1–3]. Nurse educators are tasked with providing innovative and evidence-based educational experiences that will help nursing students develop the necessary knowledge, skills, and attitudes to provide culturally competent and holistic nursing care to patients [3]. For this reason, cultural nursing care issues are trying to be integrated into modern nursing education [4].

Culturally competent nurses have the necessary sensitivity, knowledge, skills, and competence to act with cultural awareness and have expert knowledge of different cultural practices, cultural humility, cultural considerations, and communication [5–7]. To develop cultural competence in nurses, cultural awareness, knowledge, sensitivity, and skills should be developed, and encounters should be increased [8]. If nurse educators can transfer culturally competent care to their students in the nursing curriculum, nursing students can identify and learn some of the beliefs and practices used to provide care to individuals from different cultures [9, 10].

In Europe, the integration of cultural competence into nursing education is limited, and when present, it tends to occur spontaneously without following a specific model [7, 11]. Nursing programmes have reported feeling unprepared to deliver culturally responsive teaching [11]. To address this gap, several initiatives have been implemented across Europe. For example, the European Network of Nursing Education (ENNE) organizes an intensive one-week program each year to enhance nursing students' cultural competence, with high levels of satisfaction reported by participants [12]. Additionally, the European Commission-funded TC-Nurse project, which includes Turkey as part of Europe, aimed to improve intercultural communication to prevent misunderstandings between healthcare professionals and patients. These projects represent significant steps in advancing cultural competence across Europe, including Turkey [13]. However, transcultural nursing has not been effectively integrated into the nursing curriculum in Turkey. Yorulmaz and Karadeniz (2021) examined the intercultural nursing course programs in higher education in Turkey and stated that developing educational curricula related to transcultural nursing is vital for providing high-quality professional nursing care. They also recommended minimizing the differences in cultural courses within nursing programs, reviewing course contents, and prioritizing the examination of cultural differences that directly affect health and illness practices [14].

In recent years, limited studies have evaluated the development of cultural awareness, knowledge, sensitivity, skills, communication, and competence among nursing students using different models, methods, and curricula. Kohlbry (2016) focused on the impact of an international immersion service-learning project on nursing students' cultural competence [15]. In the evaluation process, students had higher levels of cultural competence and self-efficacy in the posttest. Özkara-San (2019) showed that students' transcultural self-efficacy increased significantly due to the training program, which was prepared using standard patient simulation [3]. Kaçan and Orsal (2020) indicated that the transcultural nursing course they created was an effective teaching method for cultural sensitivity, empathy, cultural intelligence, and professional value [4]. Only two studies in the literature have used mixed method design as a combination of assessment tools and focus groups to assess nursing students' progress in transcultural nursing [2, 16]. Munir Cochrane et al. (2018) used storytelling, case study-based learning, and interpretive pedagogical techniques and reported significant changes in the empathy and cultural competence of nursing students. As a result of the training program prepared by Sunrise Model and Campinha-Bacote's process of cultural competence, it was found that students have more positive perceptions of clinical care competence. In addition, students valued the chance to obtain this education and were satisfied with using different teaching methods [16].

Although it is reportedly crucial for undergraduate nursing students to develop culturally competent knowledge, awareness, and skills through the undergraduate nursing curriculum [2, 17, 18], in developing countries, primarily the nursing education system does not see cultural competence as a necessary, essential attitude due to different priorities [19]. Indeed, teaching methods, environments, and durations are not standardized, as the limited number of studies conducted generally investigating educational effectiveness with quantitative methods and measuring it with the same measurement tools also prevents studies from being evaluated objectively [20–22]. This situation increases the need to use new qualitative methods as well as quantitative methods for evaluating the effectiveness of transcultural nursing education. All nursing students should be allowed to learn how to care for individuals/families/societies with different cultural characteristics and should be further developed in the nursing curriculum. Accordingly, this study aimed to evaluate the effectiveness of a new internationally developed curriculum for transcultural nursing education.

Materials and methods

Study design

This study employed a mixed-methods approach, consisting of two distinct phases, grounded in a constructivist philosophical position. The first phase utilized a single-group pretest-posttest quasi-experimental design to assess changes in nursing students' knowledge and skills before and after completing the Transcultural Nursing Course. This approach aligns with the constructivist view that knowledge is constructed through experience, allowing for the measurement of educational impacts. The second phase focused on gathering qualitative data by asking nursing students to generate metaphors reflecting their experiences throughout the course, followed by a qualitative assessment of these metaphors. This phase emphasizes the constructivist belief that individuals create meaning through their interactions and experiences, providing deeper insights into the students' learning processes and perceptions of transcultural nursing. ClinicalTrials.gov ID: NCT06615180.

Study sample

The study sample included nursing students enrolled in the Transcultural Nursing Course during the fall semester of the 2021–2022 academic year at the Nursing Departments of two universities in Turkey. In this study, the sample size was calculated using the G*Power 3.1 statistical software based on the results of a pilot study conducted during the scale's testing phase. It was anticipated that the analysis would involve a comparison of means between dependent groups with an effect size of 0.4 at 80% power and a 95% confidence interval. This calculation indicated that a sample size of 52 would be necessary. Considering the possibility of participant attrition, we invited all students enrolled in the course ($n=83$) to participate in the study, and all 83 nursing students agreed to take part. The inclusion criteria required students to be enrolled in the course, ensuring a relevant and engaged population for the study's objectives. It is essential to note that the educational background of the nursing students was not specified, which could provide valuable context for interpreting the results. In Turkey, nursing students typically graduate after completing a total of 8 semesters (4 years of undergraduate education), and the participants in this study were 5th-semester students.

Theoretical framework and course content

This international curriculum was developed with researchers from seven institutions and five countries (Turkey, Spain, Czech Republic, Belgium, Slovenia, and Hungary) within the Erasmus+ project.

The transcultural nursing course, which implemented 25 h in a one-semester elective course, had 8 h

of theoretical training and 17 h of practical training in two nursing departments in Türkiye. The course has 3 ECTSs (a 75 h workload for the students). This elective, the "Transcultural Nursing Course", was chosen by 5th-semester BSc nursing students.

The aim of the course was "To develop/promote awareness of culture-based care; it is aimed that at the end of this course, students would be capable of evaluating individuals, families, and communities in a proper and evidence-based manner, and they would be competent to plan, implement and evaluate culture-based nursing care." Learning outputs were prepared based on culture care theory by Madeleine Leininger [23]. These include the Purnell Model of Cultural Competence [24], Campinha-Bacote's Model of Cultural Competence [25], and Papadopoulos's Model of Cultural Competence [26, 27].

The learning outputs were as follows:

1. The student has acquired the scientific underpinnings and theoretical bases of transcultural nursing.
2. The students apply transcultural nursing theory to practice and basic research.
3. The student demonstrates awareness of herself/himself as a cultural being and of the beliefs and values of others.
4. The student shows an understanding of differences in cultural groups.
5. The student demonstrates culturally sensitive knowledge and ethical decision making.
6. The student shows an understanding of how beliefs may impact health.
7. Students are able to communicate according to culturally specific needs.
8. The students perform a culturally sensitive assessment of health.

A textbook was created containing all the subjects used in the curriculum [28], and the subjects covered interactive learning activities. These multiple teaching strategies included didactic teaching, role-playing with true/false scenarios to encourage students' discussion about cases, writing reflective essays, hospital visits, and interviews with healthcare professionals. The present day was planned for the students to learn about the traditional clothes, dances, and food culture of different cultures. While the students discovered different cultures, ethnic origins, and religions, they were divided into groups and subjected to peer education and peer evaluation.

Five lecturers conducted this course in two universities' nursing departments in Turkey. This course was taught by a team comprising one professor, three associate professors, and one assistant professor, all of whom were involved in developing the course as part of a

project. The course had previously been implemented as a one-week intensive program for a multicultural group, and the results of that implementation were evaluated before being offered as a semester-long course at two universities.

To ensure standardization in the education program, the educational materials were prepared jointly, and the teachers held short meetings each week to communicate about the subject to be covered.

Data collection

The study was conducted between November 25, 2021, and February 1, 2022.

Phase 1: scale administration

During the first week of the course, prior to starting the class, a 15-minute introductory session was held to explain the study objectives to the nursing students. It was emphasized that participation in the study was voluntary and would not affect their course success if they chose not to participate. All students agreed to participate. During this session, the “Student Descriptive Features Form” (10 questions) and the Better and Effective Nursing Education for Improving Transcultural Nursing Skills Cultural Competence and Cultural Sensitivity (BENEFITS-CCCS) Scale (26 questions) were administered to those who volunteered. At the end of the 14-week course, the BENEFITS-CCCS Scale was re-administered during the last 15 min of the final class (Assessment of Transcultural Nursing Course) to evaluate any changes in the students’ cultural competence and sensitivity.

Phase 2: metaphor analysis

In the second phase, for the metaphor analysis, students were asked to respond to specific questions related to their experiences in the course. These questions aimed to elicit metaphors that reflected their learning and personal growth throughout the course. Students were requested to present their responses in the form of an essay to be submitted at the end of the 15th week, allowing for a more in-depth exploration of their reflections and insights gained during the course.

Student descriptive features

Questions on birth year, gender, religion, place of residence, mother tongue, fluency in other languages, professional experience, and whether they provided nursing care to an individual from a different culture were asked.

BENEFITS-CCCS scale

This scale was developed by researchers from Belgium, the Czech Republic, Hungary, Slovenia, Spain, and Türkiye in a project titled “Better and Effective Nursing

Education for Improving Transcultural Nursing Skills (BENEFITS)” to assess the effectiveness of training programs on cultural competence and cultural sensitivity among nursing students [29].

The scale has 26 items and five subdimensions: Respect for Cultural Diversity (6 items), Culturally Sensitive Communication (4 items), Achieving Cultural Competence (3 items), Challenges and Barriers Providing Culturally Competent Care (5 items), and Perceived Meaning of Cultural Care (8 items). The scoring of items on the scale was based on seven-level Likert-type scoring (1 for Definitely Disagree, 2 for Disagree, 3 for Partially Disagree, 4 for Not Disagree or Not Agree (Indefinite), 5 for Partially Agree, 6 for Agree and 7 for Definitely Agree). The lowest possible score on the scale is 26, and the highest possible score is 182. The Cronbach’s alpha coefficient of the scale was calculated to be 0.82 [29].

Metaphor analysis question form

A metaphor analysis [30] was performed to assess nursing students’ experiences in the course.

- Caring for patients with different religions, languages, cultures, or lifestyles is like ... because....
- Working with teammates having different religions, languages, cultures, or lifestyles is like ..., because....
- A culturally sufficient care environment is like ..., because....
- This transcultural nursing course is like ..., because....

Data analysis

Quantitative data analysis

The data were analyzed using SPSS for Windows version 25.0. Descriptive statistics, including number, percentage, mean, and standard deviation, were calculated. While the pretest and posttest total scores were normally distributed, the subscale scores were not. A paired samples t-test was employed to compare the total scores, and the related-samples Wilcoxon signed-rank test was utilized for comparing the subscale scores. A *p*-value of <0.05 was considered statistically significant.

Qualitative data analysis

The metaphors generated by participants in the transcultural nursing course were analyzed using thematic analysis. This process involved four steps:

Coding Content in Categories: The metaphors were listed for initial coding.

Defining Themes: Similarities and differences among the metaphors were reviewed to define themes.

Arranging and Defining Content According to Codes and Themes: The metaphors were organized based on identified themes.

Interpreting Results: The metaphors were listed alongside comments from participants to aid interpretation [20, 30].

Data collection concluded after all 83 students provided their responses to the questions posed. The determination of category saturation was based on the point at which no new themes or insights emerged from the qualitative data analysis. Specifically, as the researchers reviewed the responses and engaged in iterative discussions, it became evident that additional data collection would not yield further relevant information or contribute new understandings to the identified categories.

To ensure the validity of the data, feedback on the research phases was provided. Furthermore, to enhance the reliability of the findings, three researchers independently reviewed the data and identified themes, and expert opinions were solicited to validate these results [30, 31].

Table 1 Demographic characteristics of the students ($n=83$)

	<i>n</i>	%
Age (year): 22.12 ± 1.00 (min = 20.00, max = 26.00)		
Gender		
Female	55	66,3
Male	28	33,7
Religion belief		
Yes	78	94,0
No	1	1,2
Unwilling to specify	4	4,8
Religion		
Islam	78	94,0
No + unwilling to specify	5	6,0
Residence		
City	73	88,0
Town	3	3,6
Village	7	8,4
Native Language		
Turkish	76	91,6
Kurdish	5	6,0
Persian	1	1,2
Azerbaijani	1	1,2
Fluent in other languages		
No	62	74,7
English	9	10,8
Kurdish	5	6,0
Turkish	7	8,4
Working experience		
Yes	5	6,0
No	78	94,0
Caring for someone from a different culture		
Yes	5	6,0
No	78	94,0

Ethical approval and consent to participate

Ethical approval for the study was granted by the Scientific Research and Publication Ethics Board of Gumushane University (Date: 09 November 2021, no:2021/7). The study's objectives were thoroughly explained to the nursing students who volunteered to participate, and they were asked to provide written informed consent. All phases of the study adhered to the principles outlined in the Helsinki Declaration.

Results

Quantitative results

The mean age of the students was 22.12 ± 1.00 (min=20.00, max=26.00) years, and 66.3% were female. The vast majority (94.0%) of the participants mentioned Islam as their religion. Most of them (88.0%) were living in the city center. Turkish was the mother tongue of 91.6% of them, while 10.8% were able to speak English and 6.0% were able to speak Kurdish fluently. Only 6.0% had professional experience, and 6.0% had experience caring for a patient from a different culture (Table 1).

The mean cultural diversity subdimension pretest score of the participants was 39.78 ± 2.81 , and the mean posttest score was 38.50 ± 4.81 . The difference between the two means test scores was not statistically significant ($p > 0.05$). The mean score for the challenges and barriers to providing culturally competent care subdimension pretest was 20.46 ± 5.97 , and the mean score of the posttest decreased to 18.53 ± 6.14 , which was a statistically significantly lower score ($p < 0.05$). The mean score for the achievement of cultural competence subdimension pretest was 16.21 ± 3.33 , and the mean score of the posttest increased to 18.13 ± 2.12 , which was a statistically significantly greater difference ($p < 0.05$). The mean score on the culturally sensitive communication subdimension pretest was 21.00 ± 4.76 , and the posttest mean score increased by 23.02 ± 6.05 , which was a statistically significant increase ($p < 0.05$). The mean score for the perceived meaning of the cultural care subdimension pretest was 50.65 ± 5.28 , and the mean score for the posttest was 50.25 ± 6.21 . The difference between the two mean test scores was not statistically significant ($p > 0.05$). The mean total BENEFITS pretest score was 148.12 ± 13.84 , and the mean posttest score was 148.37 ± 19.40 . The difference between the two mean test scores was not statistically significant ($p > 0.05$) (Table 2).

Qualitative results

The analysis revealed five main themes.

Theme 1: transcultural nursing as an opportunity

Students defined the transcultural nursing course as an opportunity to improve themselves, gain a different perspective and realize their goals. Additionally, they defined

Table 2 Comparison of nursing students' BENEFITS-CCCS pretest and posttest mean scores

Scale	Pretest (n = 83) Mean ± SD	Posttest (n = 83) Mean ± SD	p value
Respect for cultural diversity	38.50 ± 4.81	39.78 ± 2.81	0.098
Challenges and Barriers to providing culturally competent care	20.46 ± 5.97	18.53 ± 6.14	0.003*
Achieving cultural competence	16.21 ± 3.33	18.13 ± 2.12	< 0.001**
Culturally sensitive communication	21.00 ± 4.76	23.02 ± 6.05	0.024*
The perceived meaning of cultural care	50.65 ± 5.28	50.25 ± 6.21	0.792
Total BENEFITS-CCCS	148.12 ± 13.84	148.37 ± 19.40	0.892

this course as an opportunity for gaining cultural wealth and recognizing different cultures.

“During our practical classes, I discovered many different aspects of people. I observed that people may differentiate in many areas and thus they may develop different needs.” (Student 8).

“As we completed our homework during the course, we learned about the lifestyles of different countries such as garments, life, health, education, and nutrition habits, and we found the opportunity to know different cultures of different countries.” (Student 82) (Table 3).

Theme 2: transcultural nursing as a didactic process

Rainbow was the most mentioned metaphor for a transcultural nursing course. Students highlighted the diversity by defining themes such as rainbow or galaxy. They defined the course as a didactic process such as watering an unknown flower, taking a challenging exam, or traveling to an unknown country. They were incredibly impressed with travel and discovery.

“Like the beauty of each and every color in the rainbow, each and every individual from different ethnic origins has a unique beauty. Caring and communicating with such people is like touching the rainbow colors for me.” (Student54).

“I will have the opportunity to know the cultures of people from different cultures closely. I will have the opportunity to compare the difference between my life and their life. I can observe their reactions to incidents. I can learn their language to communicate with my teammate.” (Student 27) (Table 3).

Table 3 Themes and metaphors of the study

Themes	Metaphors
1. Transcultural nursing as an opportunity	<ul style="list-style-type: none"> • Chance for self-improvement • Experience • Chance to know a different culture • The key to happiness • Being privileged • Cultural Enrichment • A light in the dark • Personal and professional development course • A different perspective • Book • One step to reach the top • A gold bracelet
2. Transcultural nursing as a didactic process	<ul style="list-style-type: none"> • Rainbow • Watering an unknown flower • Taking a difficult exam • Traveling to an unfamiliar country • Caring for a newborn child • Life • Galaxy • Go on a world tour • Going to different countries • Renewal • Getting on a plane and traveling • To discover
3. Transcultural nursing as a professional field	<ul style="list-style-type: none"> • Florence Nightingale • Professional Nursing • Humanistic care • An ethical nurse • Being a good nurse • Being virtuous • Leininger Model • Being innovative • Professional development • Teamwork
4. Transcultural care as a safe environment	<ul style="list-style-type: none"> • A safe environment • An adequate healthcare environment • A comfortable, nonforceful environment • An ideal environment • Feeling at home • Respecting the individual • A whole family • Scales • A transparent room
5. Transcultural care as an obligation	<ul style="list-style-type: none"> • Necessity • Daily need • Water • Two parallel lines • Realizing life's purpose

Theme 3: transcultural nursing as a professional field

The students touched on nursing as a profession when defining transcultural nursing. They stated that transcultural nursing is a part of humanitarian care and is related to being an ethical, virtuous, and good nurse and the importance of teamwork. They also mentioned nursing theoreticians such as Florence Nightingale and Leininger.

“Recognizing people of all colors, religions, languages, and ethnicities, gathering such people, and serving all of them in the same manner without discrimination is a great virtue. My efforts to get different people healthy may manifest my professional potential and achieve professional satisfaction.” (Student 44).

“Transcultural nursing is like an ethical, neutral and morally working nurse. Because nursing is helping human beings, it should be performed disregarding their religion, language, or ethnicity.” (Student 11) (Table 3).

Theme 4: transcultural care as a safe environment

While defining the medical care environment for transcultural nursing, they mainly emphasized a safe environment. Nurses defined the environment as enough and comfortable, where the patient can feel him/herself at home, and mentioned features such as respect and transparency.

A “Medical care environment is like a safe environment. Because respecting the culture of human beings and behaving tactfully make them feel safe.” (Student 10).

“A culturally sufficient medical care environment is like our home. Because human beings feel most comfortable at home. If a comfortable environment is ensured, a human being may feel like at home.” (Student 62) (Table 3).

Theme 5: transcultural care as an obligation

Students reported transcultural nursing as an obligation or necessity. They defined it as a need having a perspective ranging from physiological needs such as water to psychosocial needs such as realizing the meaning of life and thus a daily need that must be met.

“Just as water is essential for our survival, providing a culturally adequate care environment for a patient is just as necessary.” (Student 5).

“Transcultural nursing is not an option. It is the fundamental right of every human being to receive care in this way.” (Student 1).

“Transcultural nursing is like a necessity of life. Every human being has the right to receive care appropriate to his/her culture.” (Student 7) (Table 3).

Discussion

The present study demonstrated that transcultural nursing education effectively addresses the challenges and barriers in providing culturally competent care, enhancing cultural competence, and improving culturally sensitive communication. Previous educational studies using standardized patients indicated that the cultural self-efficacy levels of nursing students increased following such applications [3, 17]. Additionally, research showed that students who attended a transcultural nursing course exhibited greater cultural sensitivities compared to those who did not participate in an online course; however, while the cultural competence and self-efficacy scores increased post-education, no statistically significant difference was observed [4]. These findings support the notion that transcultural nursing education effectively enhances students' cultural knowledge and skills.

Interestingly, this study found no statistically significant change in the total scale scores of the students. Similar to other research, several limitations may have impacted these findings. One notable limitation is that many students may not have sufficient interaction with patients from diverse cultural backgrounds. The most critical predictor of developing cultural competence is a combination of cultural knowledge and experiential cultural encounters [9]. It has been suggested that employing collaborative strategies with patients and families is vital for culturally sensitive communication [5, 32]. Thus, enhancing nursing students' interactions with patients from different cultures is crucial for their development.

A thought-provoking finding in this study was the unexpected decrease in scores for 'Challenges and Barriers to Providing Culturally Competent Care.' This change may reflect an increased awareness among students regarding the complexities of transcultural nursing. Such awareness might lead students to confront previously unrecognized difficulties in providing transcultural care. Previous studies have indicated that caring for patients from diverse cultures can induce feelings of nervousness and anxiety among students [17]. Additionally, nursing students often report uncertainty and a lack of confidence in navigating cultural differences and personal biases when delivering effective cross-cultural care [33]. Language barriers can further complicate communication, leading to heightened anxiety [21]. Consequently, following the educational program, students may have become more cognizant of the challenges involved in culturally competent care, thereby contributing to their decreased scores in this dimension.

Utilizing metaphor analysis, this study captured nursing students' perceptions of cultural care, which were further supported by quantitative data. The results revealed that students perceive transcultural nursing as an opportunity, a didactic process, a professional field, a

safe environment, and an obligation. In alignment with Muir-Cochrane et al.'s 2018 study, students highlighted the significance of a guided learning journey, noting that their knowledge and skills were enhanced primarily through real-life experiences and interactive teaching methods [16]. A systematic review indicated that students' intercultural care processes foster cultural curiosity, encouraging the acquisition of knowledge and facilitating enriching, positive interactions and learning experiences [34]. Similarly, Liang et al. (2019) found that students expressed a desire to assist individuals from different cultures and appreciated learning from their peers and instructors during group discussions, which in turn boosted their self-confidence and skills [2].

When synthesizing the themes identified in this study with existing literature, it is evident that students perceive transcultural nursing education as an instructive, awareness-raising, and beneficial process. Moreover, another study involving nursing students revealed that participants faced significant difficulties when caring for patients from different cultures, experiencing feelings of helplessness and inadequacy. They expressed that a dedicated course on this subject would positively impact their caregiving abilities [35]. Therefore, transcultural nursing courses should be integral to the current nursing curriculum. As emphasized by students in this study, transcultural nursing education provides a vital opportunity for nursing students to enhance their knowledge, skills, and competencies.

The integration of structured educational interventions is critical in today's increasingly diverse healthcare landscape, highlighting the effectiveness of the current study in addressing this essential area of nursing education. This research reinforces the positive impact of transcultural learning experiences on nursing students, as emphasized by Leyva-Moral et al. (2023), who noted that such experiences lead to multidimensional changes in students' cultural competence [11]. Furthermore, Gaya-Sancho et al. (2021) underscored the importance of adapting nursing education to meet the needs of diverse populations, supporting the notion that our intervention is vital for effective care [13]. Finally, Yorulmaz and Karadeniz (2021) critiqued the integration of cultural courses in Turkish nursing programs, advocating for curriculum developments that prioritize the examination of cultural differences affecting health practices. This study thus validates the necessity for continued focus on effective educational interventions in nursing to enhance cultural competency and responsiveness in healthcare.

Limitations

There were several limitations of this study. First, the clinical experience of nursing students in the 5th semester was not at the desired level due to the pandemic, so

most of them did not spend much time in clinical practice with patients from different cultures. In this training program, students visited the hospitals they chose and interviewed healthcare professionals about the cultural safety environment, but they could not meet with patients one-to-one and could not provide care. In addition to the cases studied, different research results could have been obtained if the students had experienced caring for patients from different cultures. In the quantitative assessment, the pre- and posttest time frames were short, and long-term assessments of students could not be made. Cultural care involves multidisciplinary teamwork; all health professionals' students need to be educated in this regard. Students in the training group were generally homogeneous, and students from different cultural backgrounds were in the minority. Different experiences could be obtained with a multicultural student group. Another potential limitation was that students had to pass the course with a passing grade in that course. Although it was reported to the students that the data forms would be used for research and that this course would not affect the passing grade, this situation may have prevented the students from making negative comments while collecting the qualitative data.

Conclusion

This study provides valuable insights into the effectiveness of the Transcultural Nursing Course in enhancing nursing students' cultural competence and sensitivity. The quantitative results indicated significant improvements in specific subdimensions, particularly in the challenges and barriers to providing culturally competent care, and in achieving cultural competence and culturally sensitive communication. However, no statistically significant changes were observed in the overall cultural diversity and perceived meaning of cultural care, suggesting areas for further improvement.

The qualitative analysis revealed five key themes that underscore the multifaceted nature of transcultural nursing education. Students viewed the course as an opportunity for personal and professional growth, emphasizing its role as a didactic process that fosters discovery and understanding of diverse cultures. Furthermore, they recognized transcultural nursing as an ethical obligation, essential for providing equitable care in a multicultural society.

The findings highlight the importance of integrating transcultural nursing concepts into nursing curricula, as they not only prepare students for the realities of clinical practice but also contribute to the development of compassionate, culturally aware healthcare professionals. By addressing the educational needs and experiences of nursing students, this study reinforces the critical role of

transcultural nursing education in enhancing patient care and promoting health equity.

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Author contributions

Conceptualization (B. T., E.B.Y., A.Y.) ; data collection (K.P.H., E.B.Ş., E.B.Y.); formal analysis (B. T., E.B.Y.) ; methodology (B.T., A.Y.); roles/writing - original draft (B. T., E.D., E.B.Y., A.Y., E.B.Ş., K.P.H.); writing - review & editing (B. T., E.D., E.B.Y., A.Y., E.B.Ş., K.P.H.); supervision (B.T., A.Y.).

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Data availability

The author confirms that all data generated or analyzed during this study are included in this published article. Additionally, primary and secondary sources and data supporting the findings of this study can be provided by the authors, ensuring the protection of students' personal data, upon request by the editor.

Declarations

Ethics approval and consent to participate

Ethical approval was provided by the Scientific Research and Publication Ethics Board of the Gumushane University (Date: 09 November 2021, no:2021/7). The aim of the study was explained to volunteer nursing students, who were asked to provide written informed consent. The principles of the Helsinki Declaration were applied in all phases of the study.

Consent for publication

Not Applicable.

Competing interests

The authors declare no competing interests.

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