

DEVELOPMENT OF CULTURAL COMPETENCY TRAINING PROGRAM FOR STAFF NURSES: A MULTI PHASE

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ABSTRACT

Healthcare systems today face the growing challenge of delivering safe, equitable, and culturally responsive care to increasingly diverse patient populations. Nurses, as frontline providers, play a pivotal role in bridging cultural gaps and ensuring quality outcomes. However, persistent gaps in cultural competence within clinical practice indicate an urgent need for structured educational interventions that prepare nurses to meet these demands effectively.

This dissertation aimed to develop and validate a comprehensive cultural competency training program for staff nurses, grounded in outcome-based education principles. The study employed multi-phase design. The first phase involved a detailed needs assessment to identify knowledge, attitude, and practice gaps among nursing staff. Based on these findings, a training framework was constructed, integrating ethnic-specific clinical considerations, emotional intelligence development, and socio-spiritual identity awareness. To ensure rigor and relevance, the framework underwent expert evaluation using the modified Delphi method, supported by the Content Validity Index (CVI) to confirm clarity and applicability.

Findings revealed significant gaps in cultural competence and affirmed the necessity of targeted interventions to enhance nurses' ability to provide inclusive, patient-centered care. The validated program offers practical strategies for embedding cultural competence into nursing education and clinical practice, ultimately improving communication, patient satisfaction, and health outcomes. This work contributes to advancing diversity, equity, and inclusion in healthcare delivery and aligns with global standards for culturally and linguistically appropriate services.

Keywords: Cultural Competence, Outcome-Based Education, Nursing Workforce, Inclusive Care

INTRODUCTION

The growing cultural diversity in healthcare environments, especially in urban and globalized regions, has led to a heightened awareness of the necessity for cultural competence among staff nurses. This shift has influenced numerous health organizations to prioritize inclusive patient care, with researchers highlighting that inadequate cultural understanding may lead to poor health outcomes and systemic disparities. In this context, the development of cultural competence training programs has emerged as an essential strategy to empower nurses with the necessary skills, attitudes, and knowledge to deliver equitable care across cultural boundaries. In this study, a prevailing trend is the integration of culturally tailored training modules that focus on specific competencies including communication, conflict resolution, and bias awareness. Researchers emphasized the role of experiential learning and simulation in cultivating deeper cross-cultural empathy among nurses (Caggianelli et al., 2025). Another innovation observed is the digitalization of training, where virtual platforms have been employed to deliver content,

thereby increasing accessibility and flexibility (Rudenstine et al., 2025). Moreover, culturally competent orientation programs have been implemented to support newly hired nurses, especially those from culturally and linguistically diverse (CALD) backgrounds, as seen in workforce integration strategies in Finland (Li, 2025). Despite such advances, issues remain. One major concern is the variability in the structure and duration of training programs. Some researchers found a lack of standardization, which can lead to inconsistent outcomes across institutions (Mtshali, 2025). Additionally, there is an absence of robust metrics to evaluate the effectiveness of these programs, with existing assessments often relying on subjective self-reports rather than objective patient-centered indicators (Pereira et al., 2025). Concerns have also been raised about the cultural bias inherent in some curricula, which may inadvertently reinforce stereotypes instead of dismantling them (Berghs, 2025).

Observations across multiple studies point to a gap in training programs that fail to address the intersectionality of patients' identities—such as how race, gender, socioeconomic status, and disability interact to influence healthcare experiences. In this study, researchers recommended the incorporation of trauma-informed and intersectional approaches to better equip nurses for complex patient scenarios (Metzler, 2025). Another notable gap lies in the underutilization of community perspectives in curriculum design, which could otherwise inform culturally resonant training content (Elly et al., 2025).

In response to these gaps, the need for evidence-based and context-specific training programs has been strongly advocated. Researchers have called for co-design methodologies, where patients, nurses, and cultural mediators collaborate in shaping the content of these programs (Brooks et al., 2025). Moreover, continuous professional development has been highlighted as essential, as cultural competence is not a static achievement but a lifelong learning process (Núñez Arboleda, 2025). Furthermore, there is a push for embedding cultural competence into organizational policy and leadership development, thereby fostering a systemic transformation rather than isolated educational interventions (Vu et al., 2025).

Ultimately, this review underscores the evolving nature of cultural competence in nursing, reflecting global shifts in health equity and social justice. Addressing current shortcomings through inclusive, iterative, and evaluated training programs is imperative for healthcare systems aiming to provide truly person-centered care.

LITERATURE REVIEW

Biological Dimensions Affecting Cultural Competence

The review of recent research literature from 2020 to 2025 reveals that salient biological dimensions such as genetic variations, physiological markers, and pharmacogenetic responses have increasingly become integral to cultural competence training programs for staff nurses. Researchers argue that understanding these biological variables within cultural groups improves diagnostic accuracy, medication safety, and patient-centered care. In this study, White and Livingston, (2022) emphasized that cultural competence training should include content related to ethnic pharmacology and genetic predispositions to common illnesses to reduce health disparities among culturally and linguistically diverse populations. Delgado et al. (2021) supported this notion by demonstrating that a single-hour training session incorporating

biological variations significantly enhanced nurses' awareness of population-specific care needs, especially in relation to disease prevalence and medication metabolism. Furthering this perspective, Young and Guo, (2020) reported that nursing professionals often overlook the biological foundations of culture, such as differences in drug metabolism linked to liver enzyme activity in various ethnicities, leading to inappropriate dosing and increased side effect risks. In this study, such findings prompted recommendations to integrate pharmacogenomic education into nursing curricula. Similarly, Shen (2021) reviewed several cultural competence models and found that few adequately addressed the physiological dimensions of culture, suggesting a critical gap in nurse training frameworks. In another work, Douglas and Rosenkoetter, (2021) identified that cultural competence programs rarely include training on hereditary conditions disproportionately affecting certain groups, such as sickle cell anemia in African populations or thalassemia in Southeast Asians, despite their relevance to routine care.

Brathwaite (2020), in evaluating a nurse education program based on Campinha-Bacote's model, noted a significant improvement in nurse knowledge regarding biological variations, especially concerning nutrition, skin integrity, and pain perception. Researchers also discussed the necessity for staff nurses to differentiate between cultural beliefs and biological facts when delivering care; for example, Smith-Miller et al. (2021) highlighted that misattributing biological symptoms to cultural expressions of illness can result in clinical misjudgment. Adding to the discourse, Purnell (2020) proposed a holistic model that integrates both biological and cultural variables in care planning, asserting that knowledge of differences in immune response and disease susceptibility must be foundational in nurse training. Finally, Dreachslin et al. (2022) pointed to systemic barriers in adopting biologically inclusive curricula, such as outdated textbooks and limited continuing education resources, calling for interdisciplinary collaboration between nurse educators and biomedical scientists. These findings collectively reveal that current training models must evolve to include salient biological dimensions that intersect with cultural identity, ensuring nurses provide safe, effective, and equitable care across diverse patient populations.

Psychological Dimension

The psychological dimensions of cultural competence have become a pivotal area of focus in training programs for staff nurses, particularly as healthcare systems worldwide grapple with increasing emotional demands and diverse patient populations. In this study, researchers identified emotional intelligence as a foundational element of culturally responsive care, with findings indicating that self-awareness and emotion regulation directly enhance a nurse's capacity for empathy and intercultural sensitivity (Carvalho & Vilaça, 2024). Programs incorporating psychological strategies such as cognitive reframing, reflective journaling, and guided mindfulness were shown to help nurses confront implicit bias and internalized stereotypes, fostering a more open and inclusive care environment.

Researchers also underscored the role of team-based psychological safety as a key outcome of competence training. Idoudi et al. (2024) validated the use of psychometric tools to measure cross-cultural teamwork efficacy, noting that interventions that nurtured psychological cohesion improved not only interpersonal trust but also clinical accuracy. Emotional resilience emerged as another core psychological domain influencing nurse performance under high-pressure cultural scenarios, especially during end-of-life care. Worrall et al. (2025) emphasized that cultural

competence training must acknowledge the moral distress nurses face when navigating culturally incongruent values around death and grieving. From an organizational perspective, Hearld et al. (2025) highlighted the necessity of embedding soft skill development such as empathy, communication, and cultural humility into leadership pipelines to promote psychologically competent nurse leaders. Meanwhile, Bernal et al. (2024) examined systemic psychosocial interventions and noted their effectiveness in reshaping workplace dynamics to support culturally competent behaviors. These findings were complemented by Sforza et al. (2024), who examined sleep health and psychological wellness, revealing that chronic stress and poor rest disproportionately affect nurses working in culturally complex environments, impairing judgment and increasing burnout risk.

Lastly, Tay (2024) documented the implementation of a structured mindfulness-based training model in a Singaporean hospice setting, where newly hired nurses were supported through deliberate psychological scaffolding techniques to enhance cultural adaptability. This approach strengthened open communication, reduced anxiety, and empowered staff to engage compassionately with culturally diverse patients and families.

Social Dimensions

The literature from 2020 to 2025 highlights the critical role of social dimensions in shaping effective cultural competence training programs for nurses. Farooqui et al. (2024) emphasized that many programs lack sufficient focus on gender dynamics, generational hierarchies, and societal norms, particularly in collectivist cultures, leading to care approaches that may not align with patients' social realities. Similarly, Miller et al. (2025) underscored the importance of social respect, interprofessional collaboration, and inclusive communication, especially in addressing spiritual and cultural sensitivities in end-of-life care.

Peralta (2024) further argued that training frameworks must consider global migration, multicultural healthcare environments, and intergroup bias, particularly in high-pressure areas like trauma care. Supporting this, Taziwa (2025) demonstrated that targeted educational interventions improved nurses' ability to assess culturally relevant social factors, including family involvement and patient autonomy in oncology settings. Chong (2025) also found that nurses trained in participatory dialogue and inclusive decision-making were better equipped to manage family presence and social dynamics in critical care.

From a pedagogical perspective, Jerjes and Majeed (2024) advocated for experiential learning within multidisciplinary environments, allowing nurses to practice real-time social interactions. Idoudi et al. (2024) reinforced the importance of teamwork and mutual support, identifying them as foundational to culturally responsive care. At the institutional level, Ripamonti and Leon (2024) highlighted the value of community-engaged, nurse-led initiatives in underserved populations, while Pereira et al. (2025) emphasized dignity, active listening, and respect for patient autonomy as key socially informed competencies. Overall, these studies affirm that social variables are central to nursing competence, requiring training programs to integrate real-world social contexts into clinical practice.

Spiritual Dimensions

Recent research from 2020 to 2025 has illuminated the central role of spiritual dimensions in cultural competence training programs for staff nurses, emphasizing that spirituality is a deeply personal yet culturally embedded aspect of holistic patient care. In this study, Miller, Rosa, and Buller (2025) highlighted the frequent emotional and spiritual uncertainty faced by multidisciplinary care teams, particularly nurses, when addressing patients' spiritual needs. The researchers found that many staff nurses reported low confidence in navigating conversations surrounding spirituality due to lack of formal preparation, which often left them unsure how to offer support without violating cultural or religious boundaries. This underscores the need to integrate spiritual care competencies into cultural competence training to better prepare nurses for ethically sensitive and emotionally nuanced scenarios, especially during palliative or end-of-life care.

The same research identified three major spiritual competencies to be prioritized: awareness of diverse spiritual beliefs, ability to engage in nonjudgmental spiritual dialogue, and referral to appropriate spiritual care providers. In this context, researchers emphasized that cultural competence without spiritual sensitivity remains incomplete, particularly in diverse clinical settings where spiritual practices often influence medical decisions, dietary restrictions, pain management, and family dynamics. The inclusion of structured modules that train nurses to recognize culturally influenced expressions of spirituality such as silence, ritual, or religious refusal of treatment was found to improve patient trust and perceived quality of care. In this study, researchers concluded that spiritual competence must be approached with humility, empathy, and cultural curiosity, recommending that training incorporate reflective exercises, interfaith workshops, and case-based scenarios involving ethical dilemmas with spiritual components.

This body of literature collectively reveals a pressing need to elevate the spiritual dimension from a peripheral concept to a core domain in cultural competence programs, recognizing that spiritual distress can profoundly impact healing, coping, and patient satisfaction. As cultural plurality continues to define modern healthcare environments, nurses must be equipped not only with clinical expertise but also with the compassionate understanding of the sacred beliefs that shape the lives and decisions of the individuals they serve.

Demographics Role

Recent studies (2020–2025) highlight the significant influence of demographic variables—such as age, gender, ethnicity, education, and experience—on the effectiveness of cultural competence training among nurses. Loke et al. (2023) found that younger nurses tend to be more open to culturally diverse care scenarios, although they require structured guidance to translate theoretical concepts into practical empathy. In contrast, older nurses rely on accumulated experience but may resist emerging concepts such as gender diversity and digital learning methods. These findings suggest that tailoring training approaches to generational preferences enhances engagement and learning outcomes. Educational background also plays a critical role. Lin and Chang (2024) observed that nurses with postgraduate education demonstrate stronger cultural reflexivity and a deeper understanding of systemic inequities in healthcare. Ethnicity and

language further shape training receptivity. Wei et al. (2025) noted that bilingual nurses often excel in intercultural communication but may experience additional emotional strain as informal mediators between patients and colleagues. This underscores the need for training models that leverage linguistic diversity while addressing potential burnout. Gender differences were also identified. Rivera and Camacho (2022) reported that some male nurses, particularly in patriarchal contexts, showed skepticism toward empathy-focused training, indicating the importance of gender-sensitive pedagogies. Additionally, geographic disparities influence access to training. El-Helou et al. (2024) found that urban nurses benefit from more resources and exposure compared to rural nurses, who face limited infrastructure and opportunities. Tamang et al. (2024) further emphasized that intergenerational differences affect learning preferences, with senior nurses favoring case-based discussions and younger nurses preferring technology-driven methods. Overall, these studies demonstrate that demographic awareness is essential in designing inclusive, equitable, and sustainable cultural competence training programs.

Hindering Factors

Between 2020 and 2025, research has identified multiple barriers affecting the implementation and effectiveness of cultural competence training programs for staff nurses, highlighting a complex interaction of institutional, interpersonal, and intrapersonal factors. At the organizational level, structural racism, weak institutional commitment, and poor policy alignment were found to limit equitable access to training, particularly for internationally educated nurses. Studies also emphasized the challenge of translating policy intentions into practical reforms that genuinely support multicultural competencies.

Logistical constraints emerged as a consistent barrier across settings. Issues such as understaffing, heavy clinical workloads, and limited access to tailored training modules often reduce nurse participation and engagement. In addition, insufficient mentoring and lack of structured support systems further weakened the impact of training initiatives. Geographic isolation and socioeconomic limitations, particularly in rural or underserved areas, were also shown to restrict access to culturally relevant education, while language barriers contributed to the exclusion of minority staff.

Socio-cultural and contextual challenges were also significant. Cultural taboos, lack of translated materials, and cultural dissonance reduced the effectiveness of training efforts, especially among migrant and marginalized populations. Weak onboarding processes, poor supervision, and limited peer support further undermined nurses' motivation and confidence to pursue competence development. Moreover, institutional blame cultures and lack of psychological safety discouraged open discussions on cultural mistakes, limiting opportunities for learning. High workload, emotional exhaustion, and resource scarcity also negatively affected nurses' willingness to engage in professional development. Finally, broader systemic issues such as corruption, patient distrust, stigma, and inadequate psychological support were identified as factors that diminish the impact of cultural competence training.

METHODOLOGY

The research design employed in this study is a multi-phase design, an approach that involves systematically organizing the research process into successive, interdependent stages to develop, refine, and validate a specific output in this case, a cultural competence training program for staff nurses. Multi-phase design is particularly effective when the objective is to address a complex issue requiring both conceptual exploration and practical application. It is commonly used in program development and evaluation studies because it allowed for iterative refinement through the integration of theoretical, empirical, and expert-driven inputs. This design ensured methodological rigor, contextual relevance, and stakeholder validation across each phase of research.

The first phase of this multi-phase design is the Integrative Review, which served as the foundation for understanding the current landscape of cultural competence in nursing. The integrative review method was chosen because it allowed the researcher to synthesize diverse types of evidence qualitative, quantitative, and theoretical literature to identify knowledge gaps, effective practices, and contextual needs. This comprehensive synthesis forms the empirical and conceptual basis for designing the training program. By conducting an integrative review, the study ensures that the framework being developed is grounded in existing scholarly discourse and addresses the most relevant and timely issues identified in current literature.

Following the establishment of needs and insights in Phase 1, the second phase moves into the Outcome-Based Education (OBE) Framework Design Construction. This phase focused on formulating the training program's structure, content, and intended learning outcomes using the principles of OBE. The OBE approach was selected because it emphasizes the end-goals of instruction what learners are expected to know and be able to do upon completion of the program. This educational model is particularly suited for nurse training, as it aligns competencies with real-world clinical performance and ensures that every element of the framework is purpose driven. By adopting OBE, the study ensures that the training content is not only comprehensive but also measurable and directly linked to desired nursing behaviors in multicultural settings.

The third phase employed the modified Delphi method, a structured consensus-building process that involved rounds of expert review to refine and validate the proposed framework. This method was chosen because it allowed the systematic input from experts across nursing education, cultural studies, and healthcare delivery, ensuring that the framework benefits from diverse perspectives. The Delphi process is iterative and anonymous, which minimizes bias and promotes critical evaluation. In Round 1, experts were presented with the initial framework and asked to assess its relevance, clarity, and feasibility. Their feedback was analyzed and incorporated into a revised version. In Round 2, the refined framework was redistributed to the same panel for further evaluation and final consensus. This two-round validation process strengthened the credibility and utility of the training design by ensuring that it meets practical standards and professional expectations before implementation. Overall, the use of a multi-phase research design is justified by the complexity and scope of developing a culturally competent training program for staff nurses. Each phase build logically on the previous one, ensuring that the final output is theoretically grounded, pedagogically sound, and professionally validated. The integrative review ensured depth of understanding, the OBE framework ensured outcome

alignment, and the Delphi process ensured expert endorsement, thereby making the research design comprehensive and effective.

RESULTS

1. What are the current needs using integrative review, on the development of cultural competence training program for staff nurses?







Main Themes Identified Using Integrative Review		
 Biological Integration White & Livingston (2022); Delgado et al. (2021); Young & Guo (2020) <ul style="list-style-type: none"> • Lack of structured curricula incorporating genetic and ethnic-specific data • Limited scalability of biologically informed training programs • Absence of validated competencies linked to physiological cultural differences 	 Psychological Readiness Carvalho & Vilaça (2024); Worrall et al. (2025); Idoudi et al. (2024) <ul style="list-style-type: none"> • Underdevelopment of tools to assess emotional intelligence and resilience • Lack of longitudinal studies on psychological impact post-training • Inadequate monitoring of behavioral change linked to psychological growth 	 Social Identity Awareness Farooqui et al. (2024); Peralta (2024); Taziwa (2025) <ul style="list-style-type: none"> • Neglect of nurses' own social backgrounds (e.g., migration, class, rurality) • Generalized social content in training lacking learner-context relevance • Limited exploration of intra-nursing cohort diversity effects
 Spiritual Competence Miller et al. (2025); Rosa & Buller (2025); Tay (2024) <ul style="list-style-type: none"> • Marginalization of spirituality outside end-of-life care • Absence of multifaith, proactive spiritual care modules • Lack of integration of spiritual care into primary and preventive nursing 	 Demographic Responsiveness Loke et al. (2023); Lin & Chang (2024); Wei et al. (2025) <ul style="list-style-type: none"> • One-size-fits-all models not accounting for learner demographics • Lack of support for bilingual or minority nurses placed in informal roles • Few training pathways are personalized by age, experience, or cultural exposure 	 Systemic Barriers Park (2024); Kumari (2025); Mira & Geckova (2024) <ul style="list-style-type: none"> • Limited evaluation of interventions targeting institutional inequities • Scarcity of studies on psychological safety and anti-blame training environments • Under-theorization of leadership reforms for cultural safety

Table 1

2. What OBE based initial framework can be designed on the cultural competence training program for staff nurses?

Comprehensive Cultural Competence Training Table					
Biological Integration	Psychological Readiness	Social Identity Awareness	Spiritual Competence	Demographic Responsiveness	Systemic Barriers
Key Area: Biological Integration	Key Area: Psychological Readiness	Key Area: Social Identity Awareness	Key Area: Spiritual Competence	Key Area: Demographic Responsiveness	Key Area: Systemic Barriers
Objectives: Integrate genetic and ethnic data.	Objectives: Assess emotional intelligence & resilience	Objectives: Address migration & social context.	Objectives: Introduce multifaith care frameworks	Objectives: Support bilingual & diverse staff	Objectives: Reform inequities & promote equity
Content: Validate nurse competencies	Content: Stress management & self-regulation	Content: Intersectionality & social identities	Content: Religion & spiritual health	Content: Generational & bilingual training	Content: Policy review & inclusivity
Strategies: Case studies, Workshops, Simulations	Strategies: Journaling, Coping Scenarios	Strategies: Narrative Inquiry, Group Dialogues	Strategies: Interfaith Panels, Mindfulness	Strategies: Demographic Tools, Language Support	Strategies: Anti-Racism Training, Equity Audits
Person Assigned: • Nurse Educator • Clinical Pharmacologist	Person Assigned: • Psychologist • Nurse Supervisor	Person Assigned: • Diversity Officer • Senior Nurse Educator	Person Assigned: • Chaplain, Clinical Instructor	Person Assigned: • Training Coordinator, • Nurse Manager	Person Assigned: • Hospital Admin, • Equity Consultant
Time Needed: 6 hours	Time Needed: 5 hours	Time Needed: 4 hours	Time Needed: 4 hours	Time Needed: 5 hours	Time Needed: 6 hours
Expected Outcomes: • Biological risk awareness & safe medication use	Expected Outcomes: • Enhanced self-awareness & resilience	Expected Outcomes: • Contextual understanding of identity	Expected Outcomes: • Culturally sensitive spiritual care	Expected Outcomes: • Personalized & inclusive clinical care	Expected Outcomes: • Institutional equity & inclusion

Table 2

3. Is there a strong agreement among experts on OBE based initial framework design for cultural competence training program for staff nurses?

OBE Based Initial Framework Design Agreement

Key Area	Agreement Level
Biological Integration	80%
Psychological Readiness	100%
Social Identity Awareness	100%
Spiritual Competence	93%
Demographic Responsiveness	93%
Systemic Barriers	100%

Expert consensus on the initial OBE-based cultural competence training framework for staff nurses.

Table 3

4. What OBE based final framework can be designed on the cultural competence training program for staff nurses?

Comprehensive Cultural Competence Training Table

Intended Learning Outcomes / Key Areas	Objectives	Content	Strategies	Person Assigned	Time Needed	Expected Outcomes
 Biological Integration	Integrate genetic and ethnic data	Ethnic pharmacogenetics, metabolic diversity	Case studies, Pharmacology workshops, Simulation learning		6 hours	Population-specific biological risks knowledge
 Psychological Readiness	Assess emotional intelligence Monitor psychological outcomes	Emotional intelligence, Stress & resilience	Reflective journaling Coping simulations	Nurse Educator, Clinical Pharmacologist	5 hours	Enhance self-awareness and resilience
 Social Identity Awareness	Impact of migration & class Address cohort diversity	Intersectionality in healthcare, Socio-cultural identities	Intersectionality Case-based dialogues	Psychologist, Nurse Supervisor	4 hours	Contextual understanding of identity
 Spiritual Competence	Multifaith care frameworks Spiritual dialogue	Religion, Ethical dilemmas, Ritual sensitivity	Interfaith panels, Reflection modules	Chaplain, Clinical Instructor	4 hours	Culturally sensitive spiritual care
 Demographic Responsiveness	Adapt to age & bilingual nurses Customized learning paths	Generational norms, Bilingualism in nursing	Demographic tools, Language support	Training Coordinator, Nurse Manager	5 hours	Personalized & inclusive training
 Systemic Barriers	Reform institutional inequities Foster psychological safety	Policy equity plans, Leadership inclusivity	Anti-racism training Blame-free workshops	Hospital Admin, Equity Consultant	6 hours	Institutional equity and inclusion
 Cultural Education	Halal diets & haram substances, Islamic healthcare rituals	Halal protocols, Fasting & end-of-life care	Religious consultations, Simulation briefings	Hospital Admin, Equity Consultant	6 hours	Respect for Islamic patient needs
 Spiritual Competence	Move spiritual care beyond end-of-life scenarios	Halal protocols, Fasting & end-of-life care	Religious consultations, Simulation briefings	Hospital Admin, Equity Consultant	6 hours	Respect for Islamic patient needs

Table 4

5. Is there a strong agreement among experts on OBE based final framework design for cultural competence training program for staff nurses?

OBE Based Final Framework Design Agreement

Key Area	Agreement Level
Biological Integration	100%
Psychological Readiness	100%
Social Identity Awareness	100%
Spiritual Competence	100%
Demographic Responsiveness	100%
Systemic Barriers	100%
Cultural Education	100%

Expert consensus on the final OBE-based cultural competence training framework for staff nurses.

Table 5

6. What developed framework design for cultural competence training program for staff nurses can be recommended from this study?

Intended Learning Outcomes / Key Areas	Objectives	Content	Strategies	Person Assigned	Time Needed	Expected Outcomes	Expected Outcomes
Biological Integration	<ul style="list-style-type: none"> Integrate genetic and ethnic-specific data 	<ul style="list-style-type: none"> Pharmacogenetics; Disease predispositions 	<ul style="list-style-type: none"> Case studies Ethnic pharmacology workshops 	<ul style="list-style-type: none"> Nurse Educator, Clinical Pharmacologist 	6 hours	Biological risks understood	Nurses educator, understood
Psychological Readiness	<ul style="list-style-type: none"> Assess emotional intelligence and resilience 	<ul style="list-style-type: none"> Emotional intelligence; Stress frameworks 	<ul style="list-style-type: none"> Reflective journaling Coping simulations 	<ul style="list-style-type: none"> Psychologist , Nurse Supervisor 	5 hours	Increased psychological preparedness	Increased psychological preparedness
Social Identity Awareness	<ul style="list-style-type: none"> Address migration and social contexts 	<ul style="list-style-type: none"> Intersectionality; Socio-cultural identities 	<ul style="list-style-type: none"> Narrative inquiry Case-based dialogues 	<ul style="list-style-type: none"> Diversity Officer, Senior Nurse Educator 	4 hours	Contextual understanding	Contextual understanding
Spiritual Competence	<ul style="list-style-type: none"> Introduce multifait care frameworks 	<ul style="list-style-type: none"> Religion, spirituality; Ethical dilemmas 	<ul style="list-style-type: none"> Interfaith panels Mindfulness workshops 	<ul style="list-style-type: none"> Chaplain, Clinical Instructor 	4 hours	Sensitive spiritual care	Sensitive spiritual care
Demographic Responsiveness	<ul style="list-style-type: none"> Support bilingual and minority nurses 	<ul style="list-style-type: none"> Generational learning; Bilingualism in nursing 	<ul style="list-style-type: none"> Demo tools; Language support 	<ul style="list-style-type: none"> Training Coordinator, Nurse Manager 	5 hours	Personalized engagement	Personalized engagement
Systemic Barriers	<ul style="list-style-type: none"> Reform institutional inequities 	<ul style="list-style-type: none"> Equity policies; Psychological safety 	<ul style="list-style-type: none"> Anti-racism training; Infrastructure audits 	<ul style="list-style-type: none"> Hospital Admin, Equity Consultant 	6 hours	Inclusive leadership	Inclusive leadership
Cultural Education	<ul style="list-style-type: none"> Respect Islamic healthcare practices 	<ul style="list-style-type: none"> Halal protocols; Haram restrictions 	<ul style="list-style-type: none"> Religious consults; Simulation training 	<ul style="list-style-type: none"> Hospital Admin, Equity Consultant 	6 hours	Knowledge of Islamic care	Knowledge of Islamic care

Table 6

DISCUSSION CONCLUSION

Based on the final consensus from the two-round Delphi process, the rationale for the recommended training program underscores the critical importance of cultural competence in advancing safe, equitable, and empathetic nursing care. Experts strongly affirmed that the diverse backgrounds of patient populations require nurses to develop both clinical proficiency and cultural sensitivity. The panel identified key areas such as the integration of biological and ethnic-specific data, the enhancement of emotional intelligence, and the acknowledgment of nurses' own socio-spiritual identities as fundamental in shaping culturally responsive behavior. The inclusion of these elements within a structured educational design was deemed essential to address gaps in practice and promote inclusive care. This rationale reflects the collective agreement that a multidimensional and context-aware training model is necessary to prepare nurses for the complexities of culturally diverse healthcare environments.

Implications

The developed cultural competence training program has wide-ranging implications across clinical practice, nursing education, institutional policy, and patient outcomes. At the clinical level, it enhances patient-centered care by equipping nurses with the skills to understand and respond to diverse cultural, biological, psychological, social, spiritual, and demographic needs. This reduces the risk of cultural misunderstandings and clinical errors while improving trust, patient satisfaction, and adherence to treatment. By integrating culturally competent behaviors

into daily practice, nurses can overcome barriers related to language, traditions, and belief systems, ultimately improving the quality of care.

In nursing education, the program represents a shift from basic cultural awareness to a structured, outcomes-based curriculum supported by expert validation. It addresses critical gaps in existing training, such as the inclusion of ethnic pharmacogenomics, spiritual diversity, and nurse self-identity. With clearly defined objectives and measurable outcomes, the program offers educators a practical and scalable framework that can be adapted across institutions. Its emphasis on personalized and demographically relevant learning also promotes inclusivity, making professional development more meaningful and reflective for nurses.

At the institutional level, training has important policy implications. It supports the development of inclusive workplace cultures by addressing systemic challenges such as institutional bias, lack of psychological safety, and leadership inequities. Implementing such programs aligns with organizational goals related to diversity, equity, and inclusion, while also contributing to accreditation standards, ethical practice, and workforce retention. Additionally, it fosters stronger interprofessional collaboration, recognizing that cultural competence is essential across all healthcare disciplines.

The impact on patient outcomes is significant. Improved cultural competence is associated with better health equity, reduced disparities, and enhanced clinical outcomes in diverse populations. By respecting cultural practices and addressing specific health risks, care becomes more accurate, compassionate, and inclusive. Overall, the program transforms cultural competence into a measurable and sustainable aspect of nursing professionalism, strengthening both care delivery and organizational performance.

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