

EXPERIENCES OF HEALTH CARE ORGANIZATION STAFF IN PROVIDING NURSING SERVICES TO PATIENTS FROM DIFFERENT CULTURAL BACKGROUNDS

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Annotation

As multicultural societies continue to grow, effective communication becomes especially crucial in the field of health care. It is essential for health care workers to communicate effectively with patients from diverse cultural backgrounds in order to provide comprehensive and culturally appropriate care for various populations. Intercultural communication in nursing refers to direct, verbal, or nonverbal interaction that occurs between individuals from different cultures. In many cases, language, cultural, and legal barriers hinder smooth access to basic nursing services for people of different nationalities. These barriers create obstacles to receiving high-quality and comprehensive medical services.

Research Aim: To reveal nurses' experiences in providing nursing care to patients from different cultural backgrounds.

Research Methods: Scientific literature review; comparative analysis; qualitative research (semi-structured interviews); qualitative content analysis.

Health care staff understand the importance of cultural competence for patients' health and the quality of services provided, but they are often unsure about the precise meaning of the term "cultural competence." The expression of cultural competence in practice is inseparable from individuals' attitudes toward other cultures, their ability to accept cultural differences, demonstrate cultural awareness, and make efforts to ensure clear and comprehensive information is delivered to the patient and their needs are met. The study participants critically assess their own and their colleagues' abilities to ensure culturally competent care.

Key words: Cultural competence, nurses' experiences, nursing services

INTRODUCTION

Relevance and Problem of the Research. The concept of nursing differs in every country as it depends on national culture, traditions, geographical and cultural environment, prevailing political ideologies, religious philosophy, social system, economic conditions, and the historical development of nursing (Kalibatienė, 2018). It is important to note that the diversity of nursing definitions stems from the multidimensional nature of the nursing phenomenon and the wide variety of nursing itself (Lavdaniti, 2014). The aim of the nursing profession is to meet the needs of society by ensuring adequate health care services that cover all citizens. A healthcare specialist must possess both knowledge and skills to handle a variety of situations (Greaker, 2022). Effective communication in nursing is crucial to ensure safe and high-quality care. Communication behavior must be of high quality so that nurses can collaborate with various individuals in diverse situations and cultural settings to ensure that their practice remains up to date. Understanding differences in fundamental values provides a basis for intercultural communication that crosses cultural boundaries in clinical practice (Henderson, 2018).

As multicultural societies expand, effective communication becomes particularly vital in the healthcare sector. Intercultural nursing requires nurses to care for patients from different cultures while considering their specific cultural needs. It is essential that nurses can communicate effectively with patients from diverse cultural backgrounds in order to provide comprehensive and culturally appropriate care. Intercultural communication in nursing refers to direct, verbal, or non-verbal communication between people from different cultures. In many cases, language, cultural, and legal barriers prevent individuals of other nationalities from accessing basic nursing services smoothly (Roelfs et al., 2022), creating obstacles to receiving high-quality and comprehensive medical care.

Aim of the Research. To reveal nurses' experiences in providing nursing care to patients from different cultural backgrounds.

Research Methodology. To explore the experiential aspects of nurses, a qualitative research design was employed. Semi-structured interviews were chosen as the primary data collection method, as they allow for an in-depth understanding of the practical aspects of communication with patients from different cultures from the nurses' perspectives. The collected data were analyzed using qualitative content analysis, a method increasingly popular in health sciences. To reveal the experiences of nurses, participants were selected using a purposive sampling strategy based on established inclusion criteria. According to the defined criteria, 10 nurses participated in the study. To ensure anonymity, original statements made by the nurses were coded during data analysis.

Research Results. Nurses recognize the importance of cultural competence for patient health and the quality of nursing services provided, yet they are often uncertain about the precise meaning of the term "cultural competence." In practice, cultural competence is inseparable from individual nurses' attitudes toward other cultures, their ability to accept cultural differences, demonstrate cultural awareness, and make efforts to ensure that information is presented clearly and comprehensively to patients while also meeting their individual needs. The study participants critically assessed both their own and their colleagues' ability to provide culturally competent care. A lack of competence led to challenges and difficulties, including: language barriers, insufficient conflict management skills, inability to identify the needs of patients from other cultures, lack of knowledge/skills, and limited resources. Language barrier was identified as the primary issue, significantly contributing to other difficulties: lack of patient awareness, communication issues, misrecognition of patient needs, misdiagnosis, and inappropriate treatment.

Originality/Value of the Study. This research is one of the few in Lithuania that addresses the issue of intercultural collaboration and provides insights that are important for shaping the provision of personal healthcare services within organizations.

RESEARCH METHODOLOGY

To highlight nurses' experiences in providing services to patients from different cultures and to reveal the practical aspects of the phenomenon under study, a deeper analysis and experiential evaluation are necessary. Therefore, a qualitative research design was chosen. Qualitative research offers tools for collecting not numerical data but words, making it particularly suitable for topics that require the construction of new theories rather than the testing of existing ones (Fong et al, 2022). This research method is frequently used in health sciences, as it allows for the exploration of real-life situations, personal experiences, perceptions, and emotions (Geleta et al., 2021). Moreover, qualitative research enables researchers to understand the context and the phenomenon because the researcher becomes the main instrument of data collection (Cai et al., 2021).

In order to explore the experiential aspects of nurses, interviews were chosen as the main data collection method. Interviews help uncover practical aspects of communication with patients from different cultures from the perspective of nurses. An interview is a conversation between two people in which nurses share their experiences, allowing the essence of their lived experience to emerge (Schenk et al., 2022). This method is particularly useful for generating in-depth ideas and understanding of social problems or phenomena, especially when dealing with sensitive topics and participants who prefer to express their perspectives verbally (Malmusi et al., 2014; Patel et al., 2015).

Data collected through semi-structured interviews were analyzed using qualitative content analysis. This method is widely used across disciplines and has become increasingly popular in health science research. The content analysis process begins with listening to the recorded interviews and transcribing the verbal information into written form. The transcribed data are reviewed twice to ensure accuracy and to group the data into smaller meaning units.

The researcher then develops categories and subcategories based on the data, supported by participants' statements (Hussein, 2020).

The semi-structured interview was prepared in advance, with specific questions designed to guide the researcher and ensure the interview remains focused on the study's objectives and the exploration of relevant phenomena (Antón-Solanas et al., 2021). The questions were developed based on key aspects of the topic as explored in previous scientific studies.

To explore the experiences of nurses, participants were selected using purposive sampling based on predefined criteria. This sampling method is common in qualitative research as it allows the selection of participants who possess sufficient knowledge of the phenomenon being studied (Plaza del Pino, 2020). The inclusion criteria in this study were: nurses with at least 3 years of work experience, experience in providing care to patients from different cultures, fluency in the Lithuanian language, and willingness to participate in the study.

Based on these criteria, 10 nurses participated in the study. To ensure anonymity, the original statements of the nurses were coded during the data analysis.

The research was conducted during the third and fourth quarters of 2024 and was organized into phases to meet necessary research requirements. Ethical principles were observed throughout the study, including anonymity and confidentiality, respect for participants' privacy, and voluntary participation.

RESEARCH RESULTS AND DATA ANALYSIS

Study participants shared their views on what cultural competence means to them, revealing that the term refers to a person's ability to accept individuals from other cultures and demonstrate understanding toward them. In this context, the following characteristics of a culturally competent individual were emphasized: respect, empathy, and tolerance. These traits are expressed through behavior and communication, which often depend on a person's education and knowledge of other cultures. When evaluating cultural competence from the perspective of nursing practice, participants highlighted the concept of equality, which is closely linked to tolerance and nursing practice, as well as the ability to work in culturally diverse environments.

During the interviews, participants shared insights into how cultural differences may affect a person's health and how various cultural circumstances can influence patient well-being. Participants unanimously emphasized that cultural differences and circumstances do affect health. For family members of patients, this impact is often observed through changes in the patient's health condition—regardless of whether those changes are positive or negative.

Participants also expressed their opinions on how they perceive culturally competent nursing and how it manifests in their daily practice. While the understanding of this concept was already partially evident in earlier responses about cultural competence, this part of the interview aimed to identify the core elements of culturally competent nursing, as perceived by the participants.

Culturally competent nursing and its provision to patients are strongly connected to nurses' abilities to work in culturally diverse settings. It includes nurses' knowledge of foreign languages, their ability to show tolerance and understanding toward patients from other cultures, and their capacity to adapt and respect the cultural identities and preferences of those patients. Ensuring culturally competent nursing care greatly depends on the practical experience nurses have accumulated in working with patients from different cultural backgrounds and on their ability to apply that experience in real-life situations. The participants also stressed the importance of having knowledge about other cultures in order to provide culturally competent care effectively (see Table 1).

Table 1. Study Participants' Opinions on Key Aspects Necessary for Nurses When Caring for Patients from Different Cultures

Category	Sub-category	Supporting Statements
Aspects necessary for nurses when caring for patients from different cultures	Compliance with cultural norms	"According to the relevant competence, both knowledge and understanding must comply with cultural norm requirements" (P1).
	Tolerance	"Tolerance" (P2); "<...> tolerance" (P9).
	Language skills	"<...> knowledge of at least one foreign language" (P2); "Knowledge of the language" (P4).
	Absence of prejudice	"<...> absence of prejudice" (P2).
	Acceptance of cultural differences	"Ability to accept cultural differences" (P3); "<...> it is essential for nurses to be able to accept diverse patients" (P8).
	Cultural awareness	"<...> strengthening of cultural awareness" (P3).
	Cultural competence	"<...> continuous strengthening of cultural competencies" (P3).
	Respect	"Respect for differences" (P5); "<...> respect <...> respect for the stereotypes of other cultures" (P9).
	Patience	"Patience with patients from other cultures and situations that arise while working with them" (P5).
	Skills	"<...> that nurses acquire various skills and knowledge enabling them to provide culturally appropriate care" (P6).
	Empathy	"<...> empathy" (P7); "<...> empathy" (P10).
Understanding	"<...> understanding" (P7); "<...> understanding that they may have different expectations, views on health, a	

Source: compiled by the authors based on research results, 2025

The perspectives shared by the study participants reveal that nurses who care for patients from different cultures must possess a willingness to help, the ability to listen and understand culturally diverse patients, patience, and the capacity to demonstrate empathy. Participants emphasized the importance of avoiding prejudices toward patients, expressing cultural competence, and ensuring that their knowledge and skills meet the requirements of culturally competent nursing and adhere to cultural care norms. The participants highlighted the significance of accepting cultural differences, which is closely related to tolerance toward all forms of discrimination. Some participants also mentioned language proficiency as a necessity in adapting to the growing number of patients from different cultures.

In summary, it can be stated that the definition of cultural competence and the components that constitute the concept are not fully expressed by the participants, as they tend to mention only one or a few elements typical of cultural competence. This indicates gaps in participants' understanding of cultural competence.

Despite the evident knowledge gaps, all participants agreed on the importance of cultural competence in relation to patient health and the well-being of patients' family members. The impact on health becomes evident through prevailing differences, particularly when patients seek healthcare in another country and encounter a lack of cultural competence among healthcare professionals, leading to negative emotions, stress, and anxiety. A lack of recognition of cultural characteristics compromises the quality of care received.

The provision of culturally competent nursing services must be ensured by the development of nurses' skills, their knowledge of foreign languages, the absence of bias, altruism, ensuring equality and tolerance, demonstrating empathy, respect toward patients, the ability to understand and adapt to patients' cultural characteristics, and by understanding and considering cultural differences when caring for patients from other cultures.

When asked whether the needs of patients belonging to minority groups are currently being met in practice, and to provide examples of such needs being addressed, the participants

stated that not all patients' needs can be met. However, this is not necessarily due to the patients' cultural background (see Table 2).

Table 2. Study Participants' Opinions on the Fulfillment of Needs of Patients Belonging to Minority

Category	Sub-category	Supporting Statements
Fulfilled needs of minority group patients	Equal treatment	"In our country, all patients are treated equally <...> although bed days, post-procedure regimens, and nutrition may vary" (P1).
	Nutrition	"Efforts are made to meet nutritional needs" (P3).
	Nursing needs	"<...> ensuring quality nursing care" (P3); "We truly strive to provide the same nursing services to everyone" (P7).
Reasons for unmet needs of minority group patients	Lack of health insurance	"<...> uninsured patients cannot access services unless they pay from their own funds" (P2).
	Misunderstanding of needs	"<...> the needs of minority group patients are less understood" (P3); "<...> we don't always succeed in guessing or assessing patient needs" (P7).
	Unusual needs	"<...> sometimes their needs are quite unusual and even surprising" (P3).
	Limited resources	"It's not always possible to provide, for example, a separate room" (P3); "<...> the main barriers are financial constraints and an unsuitable environment" (P10).
	Lack of cultural awareness	"<...> lack of awareness" (P9).
	Language barrier	"Language barriers occur" (P5); "<...> it happens due to the language barrier" (P9).
	Lack of cultural knowledge	"Healthcare professionals often lack knowledge about certain minority groups' cultural beliefs" (P6); "Patients from countries like India or Pakistan are still seen as something new or exotic here, we're unfamiliar with their customs and have no idea what nursing care looks like there" (P8).

Source: compiled by the authors based on research results, 2025

When assessing the satisfaction of patients' needs in their daily practice, study participants acknowledged that the needs of patients belonging to minority groups are only partially met. This situation is influenced by various factors, the most significant being the lack of social (health) insurance, which limits access to healthcare services. Participants also mentioned the limited ability to meet certain unusual or specific needs of some patients.

Participants emphasized that unmet needs are often tied to challenges arising from language barriers, which prevent them from accurately identifying and assessing patients' needs. Other reasons are related to the nurses themselves, some of whom lack cultural awareness or sufficient knowledge about other cultures.

The participants also shared their views on their own level of cultural competence and whether it is sufficient to provide culturally appropriate care to patients from different backgrounds. In response to this question, participants rated their own cultural competence level as average or good, providing justifications and explanations for the self-assessments they made (see Table 3).

Table 3. Study Participants' Opinions on Their Own Level of Cultural Competence and the Reasons Behind Their Self-Assessment

Category	Sub-category	Supporting Statements
Factors influencing nurses' level of	Experience	"Personally, I have extensive nursing experience" (P1); "Since I've worked in nursing for about 10 years, I increasingly communicate with patients from different cultures. To provide quality services, my competence level is also growing" (P3); "<...> I have quite a lot of

cultural competence		experience. I've also worked in another foreign country, so my competence level is sufficient" (P10).
	Problem-solving	"<...> I am able to effectively solve complex situations and tasks" (P1).
	Continuous learning	"<...> I regularly update my knowledge and skills" (P1).
	Development	"<...> I believe there is still room to improve my skills and knowledge when working with patients from different cultures" (P8).
	Interest in innovations	"<...> I follow new trends, technologies, and practices in my field" (P1).
	Professional attitude	"<...> I maintain a professional attitude when working with colleagues and patients" (P1).
	Language skills	"<...> I speak English, so I have no difficulties" (P2); "I don't experience major challenges even if I don't know all the languages" (P5).
	Lack of prejudice/beliefs	"I don't have any beliefs related to religion or anything similar, so I don't care where the patient is from or what religion they follow" (P2).
	Respect	"<...> I feel respect" (P4); "<...> their needs and values are respected" (P6).
	Empathy	"<...> empathy for patients from other cultures" (P4).
	Equality	"<...> I provide the same nursing care to patients from other cultures as I would to those from a culture I am familiar with" (P4).

During the interviews, participants were asked to identify their needs related to the development or training of cultural competence, with specific interest in their needs regarding formal education in this area. Although participants were not eager to elaborate extensively on the need for such training, when discussing issues related to cultural competence, certain areas requiring education and development emerged.

The interview data reveal that participants agree on the need for training and development in cultural competence, which would help ensure safe and high-quality care for patients from different cultural backgrounds. Participants especially emphasized the need for language training, highlighting problems related to language barriers and the challenges these pose in the nursing care of culturally diverse patients.

Participants shared their experiences of challenges, difficulties, and conflicts that arise when working with patients from different cultures. The data were consolidated to present the main challenges, conflicts, and obstacles, along with the strategies used to resolve them.

The interviews revealed that participants frequently face various challenges and conflicts in their daily practice. The primary challenge identified was the language barrier, which affects communication, mutual understanding between the patient and healthcare provider, and the clarity and accuracy of information given to the patient. Participants also mentioned differing understandings of health and perceptions of the healthcare system. In practice, differences in religious beliefs, fears, and individual expectations also arise, and addressing such needs requires not only acceptance but also open dialogue.

The study also aimed to uncover what human and/or material resources participants use to provide culturally safe and appropriate care to patients from other cultures. Participants reported using various resources and tools to ensure care is delivered in a manner that is as safe and acceptable as possible. One participant highlighted the importance of teamwork and collaboration with colleagues:

"I ask colleagues for help when facing challenges or difficulties related to the care of patients from other cultures." (P4)

"Sometimes I message other specialists who speak a certain language to help me communicate with the patient." (P9)

It also became evident that technological tools are frequently used to address language barriers:

“We use translation apps.” (P2)

“Sometimes I use Google Translate when I don’t know a word or when I have no idea what the patient’s language is.” (P8)

“<...> now there are so many translation apps—we have to use them.” (P9)

“<...> we use smart apps.” (P1)

“<...> we use tools like Google Translate.” (P3)

“I use a translation app with patients who don’t speak English.” (P9)

“<...> sometimes we use Google Translate or AI-based apps.” (P10)

The use of such tools is related to the lack of interpreter services in their institutions:

“We don’t have a position for interpreters in our facility.” (P1)

“<...> unfortunately, there are no interpreters at our institution.” (P3)

Participants’ experiences also revealed that due to differences in healthcare systems and cultural characteristics, nurses sometimes need to negotiate with patients or their families to ensure the delivery of standard nursing care:

“<...> A patient from Vietnam came in with gastrointestinal bleeding, and the relatives brought a variety of plant roots and leaves they considered most effective in their traditional medicine. Once the bleeding was stopped by mechanical means, they were fine with continuing with their traditional remedies.” (P1)

One participant shared a situation involving cultural differences in gratitude practices, which are not culturally acceptable in Lithuania:

“Recently, I’ve had a lot of interaction with Ukrainian citizens. Although they are from a neighboring country, we are more advanced than they are, and they are used to offering gifts or money as a way of thanking medical staff for services.” (P3)

The expression of cultural competence in nursing practice revealed that while the needs of minority patients should be a priority, in reality, they are often not fully met. Due to cultural differences, language barriers, lack of cultural competence, and limited institutional resources, patients from other cultures often experience dissatisfaction and unmet needs.

Participants critically assessed their own cultural competence and ability to provide safe and high-quality care. The findings highlight the importance of experience and continuous development, particularly in the areas of: communication with culturally diverse patients, developing the ability to accept cultural differences, conflict resolution skills, and training in identifying patient needs.

Due to the lack of cultural competence, especially in relation to language barriers, participants often face complex and conflict-prone situations, as patients expect culturally appropriate treatment and clear, detailed communication.

CONCLUSIONS

1. Nurses' cultural competence and their ability to consider cultural differences directly affect the quality of nursing care. Cultural competence helps ensure effective communication between the patient and the nurse, which is reflected in the provision of patient-centered care and the patient’s sufficient awareness of their health condition. The quality of communication and dialogue between nurse and patient, the clarity of information, patient exclusion due to cultural traits, or the nurse’s inability to meet the patient’s needs can influence the course of treatment. Complications and errors that may arise increase patient dissatisfaction with the nursing care they receive.
2. The nurses who participated in the study understand the importance of cultural competence for patient health and the quality of nursing services. However, they are not always confident in the meaning of the term itself. A lack of knowledge on the subject may lead to challenges in nursing practice, particularly when caring for patients from other cultures, resulting in insufficiently safe and high-quality care. Cultural competence is a multifaceted

phenomenon that includes not only nurses' knowledge and skills to assist culturally diverse patients but also depends on their attitudes toward other cultures, their ability to accept cultural differences, demonstrate cultural awareness, make efforts to ensure the clear and comprehensive delivery of information to patients, and meet their specific needs.

3. When discussing their experiences with culturally diverse patients, study participants critically assessed both their own and their colleagues' ability to provide culturally competent care. The lack of competence contributed to various challenges and difficulties they face in practice: language barriers, lack of skills to manage conflict situations, inability to identify the needs of patients from other cultures, lack of knowledge and skills, and limited resources. The language barrier emerged as the primary issue, significantly influencing other challenges such as insufficient patient awareness, communication difficulties, misidentification of patient needs, incorrect diagnoses, and inappropriate treatments.

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