

The Use of Simulations for the Development of Cultural Competencies in Nursing Education: An Integrative Review of the Literature

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Simulation-based learning is a creative teaching method that provides a platform for the integration of cultural concepts and promotes interactive encounters that can be further analysed and developed. The aim of this integrative review was to determine the validity and effectiveness of simulation as a teaching and learning method for the acquisition of cultural competence in nursing students. The CINAHL, PubMed and Science Direct databases were searched for articles, which resulted in 17 papers being included in the review. Results revealed that the standardized patient is most commonly used in simulation scenarios for the development of cultural competencies. The most commonly defined objective was to increase knowledge of cultural competences, and learning elements within the cognitive and affective domains were best developed. Our findings support the continued use and development of simulation for educational purposes to improve the cultural competence of nursing students.

Keywords: cultural competencies, nursing, simulations, transcultural nursing

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<https://doi.org/10.26493/978-961-293-467-5.16>

Introduction

Since 2015, Europe has been facing a migration crisis and an increasing number of asylum seekers (Eurostat, 2022). Although immigrants are entitled to equal healthcare, they often encounter barriers in communication and in obtaining adequate information about their rights due to different cultural characteristics. The staff providing care may not be 'diversity-sensitive' and are often inadequately educated about the characteristics of other cultures (Permanand et al., 2016). Because people are associated with their respec-

tive cultures, a lack of knowledge can lead to stereotyping, prejudice, and discrimination (Loredan & Prosen, 2013). Consequently, the quality of health-care decreases, and immigrants may be discouraged from seeking care again (Permanand et al., 2016). The importance of cross-cultural knowledge among nurses has been highlighted by many theorists, with Madeleine Leninger and Campinha Bacote being particularly central in the theory of cross-cultural nursing. To provide culturally competent nursing care, the nurse needs to be able to effectively transfer the knowledge and skills acquired to the care of the individual, family or community, while incorporating the cultural characteristics of those caring for them into the planning and delivery of care (Prosen, 2018).

Permanand et al. (2016) note that the knowledge and skills acquired in cross-cultural nursing education are often not successfully transferred to the clinical setting. The need for experiential learning that would facilitate the easier transfer of the aforementioned acquired knowledge into the daily care of foreign patients, was the reason for the introduction and use of simulations in the educational process, both in formal and informal healthcare education (Lavoie & Clarke, 2017). The main benefit of simulations is the opportunity to acquire new knowledge and skills in a safe and controlled environment, while also encouraging critical thinking (Murphy et al., 2011). In nursing, various types of simulators are used to conduct simulated experiences depending on the purpose and objectives of the educational process (Karnjuš & Pucer, 2012). As clinical scenario-based simulations are a recognized teaching method in nursing education, scenarios that incorporate culturally significant variables have been developed over the past decade through simulations to assist nurses and nursing students in acquiring cultural competencies (Ozkara San, 2015). When conducting a simulation aimed at teaching cultural competency, it is important to choose the type of simulation wisely and include the cultural characteristics to be considered in the scenario. Elements such as religious beliefs, dietary practices, language barriers and non-verbal communication, culture-specific dress and family dynamics can be included in the scenario used during the simulation (Haas, 2010).

Simulation learning outcomes can be measured by changes in learner satisfaction with the learning process, knowledge acquired, skills mastered, changes in attitudes toward specific content (Warren et al., 2016), and awareness of content covered (Noji et al., 2017). These outcomes can be categorized into three different domains: psychomotor domain (manual/physical skills), affective domain (attitudes, self-esteem, interests), and cognitive domain (knowledge) (Alexander et al., 2015). However, the use of simulations solely

for the acquisition of cultural competencies is still a relatively unexplored area (Ozkara San, 2015). Therefore, the aim of this integrative literature review is to determine the effectiveness and established use of simulations as a teaching and learning method for acquiring cultural competencies.

Based on this aim, we have formulated the following research questions:

1. What types of simulators and learning objectives have been most commonly identified for developing cultural competencies among nursing students and professionals?
2. Which learning elements (knowledge, skills, attitudes and cultural sensitivity and awareness) are best developed through simulations in the training of cultural competencies among nursing students and professionals?

Materials and Methods

A comprehensive integrative literature review was conducted (Whittemore & Knafl, 2005) to encompass both experimental and non-experimental studies, thereby aiming to garner a comprehensive understanding of the extant evidence concerning the utilisation of simulation as an educational tool in the cultivation of cultural competence in nursing students.

Method of Review

The literature search was carried out in the international databases CINAHL, PubMed and Science Direct. By combining the keywords and using Boolean operators (AND, OR), we formulated the following search strategy: (simulation* OR Patient simulat* OR Standardized patient* OR Computer-based simulation* OR Screen based simulation*) AND (Cultural* competen* OR Transcultural education OR Multicultural education OR Cultur* care) AND (Nursing OR Nursing student*). The asterisk (*) represents all possible attachments to the root of the word. We included literature published from January 2012 to December 2023. The inclusion criteria used are shown in Table 1.

Table 1 Inclusion criteria for the literature search

Inclusion criteria	
Topic	Cultural competence, simulation, transcultural nursing.
Type of publication	Original and review scientific article
Accessibility	Full text accessible
Population	Nursing students
Publication time period	2012–2023
Language	English

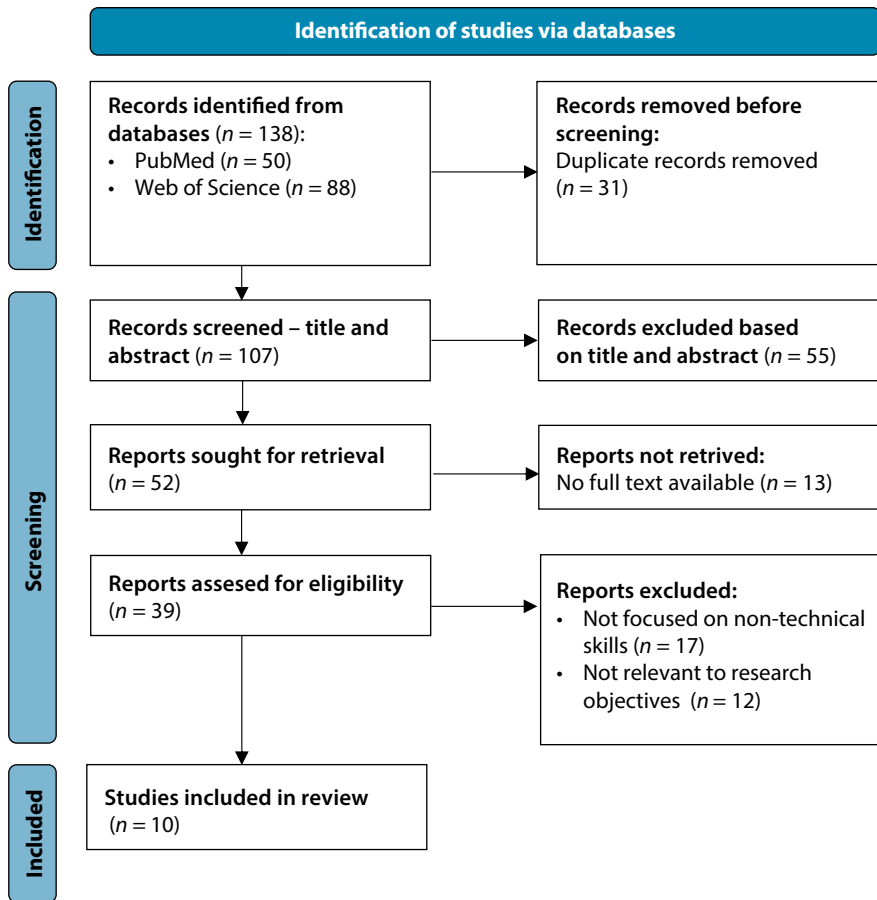


Figure 1 The Literature Search and Study Selection Process, Presented With PRISMA Statement Flow Diagram (Moher et al., 2009)

Review Results

Figure 1 shows the literature search process according to the PRISMA methodology (Moher et al., 2009). We identified 168 hits in CINAHL, 137 hits in PubMed and 401 hits in Science Direct. All hits were imported into Zotero for easy organization, citation and referencing. After removing 293 duplicates, we screened 413 hits based on title and abstract, of which 373 were removed for thematic inappropriateness. In the next step, we screened 40 articles in full-text and retained 21 of them, after which we additionally excluded 4 articles on the basis of inadequate quality. Finally, 17 articles were included in the detailed literature analysis, as shown in Figure 1.

The selection of the literature was based on the relevance and quality of the articles selected. The quality of the articles was assessed using the Joanna Briggs Institute (JBI) critical appraisal tools: the JBI Systematic Reviews Checklist, JBI Checklist for Quasi-Experimental Studies and JBI Checklist for Qualitative Research. The articles were primarily separately evaluated by two researchers, with a third author involved in case of differences in the ratings for each study. Each article could be graded on one of four levels: inadequate, sufficient – C, good – B, excellent – A. If an article was graded as inadequate, it was excluded from further analysis. Following an assessment of the quality of the articles, it was determined that 11 studies were of excellent quality, four were of good quality, and two were of sufficient quality.

Data Analysis

The data were analysed using an inductive, descriptive synthesis approach (Polit & Beck, 2012). The research questions served as the foundation for identifying relevant expressions within the data, which were subsequently tabulated. To synthesize the findings, tabulation was employed to identify similarities and differences, organizing the data into categories that were named based on their content.

Results

In the final analysis, we included 17 studies investigating the effectiveness and established use of simulations as a teaching and learning method for the acquisition of cultural competencies.

Types of Simulators and Educational Content Related to Cultural Competence in Nursing Students

In this part of the results, we focused on the type and purpose of the research, the specific simulation techniques used, the educational content covered in the scenarios, and the main findings. Table 2 shows the main characteristics of the individual studies included in the final analysis.

The simulation methods employed in this integrative literature review were diverse (Table 2). The simulations included high-fidelity simulations, standardized patient simulation, virtual simulations, screen-based simulations, and role play. A study on low-fidelity simulation (Phillips et al., 2012) demonstrated the significance of the visual representation of task trainers, such as the skin colour used in the training device, for cultural learning. Furthermore, it was essential to reinforce the simulation environment with culturally specific elements. In another study, cultural competency was practised in the con-

Table 2 Key Information from Studies Investigating Simulations as a Learning Method for Acquiring Cultural Competencies

Author, year/Country	Aim of the study	Research design	Type of simulation	Educational content	Main findings
(Grossman et al., 2012)/ USA and Norway	To evaluate the impact of two simulation scenarios with cultural content, on two groups of nursing students, one in Norway and one in the United States.	Mixed methods study (questionnaire + focus group)	Standardized patient	Religion (Muslim and Italian/Catholic patients/families)	The study demonstrated an enhancement in nursing students' cultural awareness following their participation in a simulation experience.
(Phillips et al., 2012)/USA	To ascertain how the utilisation of simulations can facilitate the acquisition of culturally competent care skills within the patient's home environment.	Qualitative research (focus group)	Low-fidelity patient simulator	Ethnicity (multi-member family of Hispanic cultural background)	The simulated home visit helped students synthesize concepts relevant for community and public health nursing, occupational and environmental health, and cultural awareness.
(Seckman & Diesel, 2013)/ USA	To explore the concepts of teaching cultural competencies using a high-fidelity simulator and to show how these simulation situations affect students' confidence in providing culturally competent care.	Qualitative research (focus group)	High-fidelity simulator	Ethnicity (patient of Arab cultural background)	Nursing students gained a better appreciation of the importance of obtaining culturally appropriate assessments in order to provide culturally competent care.
(Garrido et al., 2014)/USA	To describe the development and integration of the simulation experience, integrating interprofessional and cultural competencies into group the health professions curriculum.	Mixed methods study (questionnaire + focus group)	Role play	Race, ethnicity and religion (Korean Christian, Mexican migrant worker and Jehovah's Witnesses)	There has been a notable enhancement in the students' cultural awareness, accompanied by a discernible advancement in their communication abilities and an elevated proficiency in discerning the distinctive attributes of a given culture.
(Ndiwane et al., 2014)/ USA	To assess the efficacy of a culturally competent nursing curriculum among nursing students.	Mixed methods study (questionnaire + focus group)	Standardized patient	Race and ethnicity (pregnant South American woman, African American with hypertension, South American with diabetes)	The objective scoring of nursing student competency from the students perceived that their critical thinking skills were enhanced.
(Everson et al., 2015)/ Australia	To determine the impact of an in-depth simulation on nursing students' empathy towards culturally and linguistically diverse patients.	Mixed methods study (questionnaire + interview)	Screen-based simulation	Ethnicity (Anglo-Celtic Australian society)	Students' empathy towards culturally and linguistically diverse patients significantly improved after exposure to the 3D simulation experience.
(Hamilton, 2016)/USA	To ascertain the level of cultural competence among nursing students who took part in a simulation designed to enhance their cultural competence.	Mixed methods study (questionnaire + interview)	Standardized patient	Race and ethnicity (Indian minority and African Americans)	The study suggests that bringing attention to cultural competence through participation in Transcultural Humility Simulation Development could raise awareness and foster developmental growth among student participants through transformative learning.

Continued on next page

Author, year/Country	Aim of the study	Research design	Type of simulation	Educational content	Main findings
(Tiffany & Hoglund, 2016)/USA	To explore topics on cultural awareness, diversity, and cultural sensitivity.	Qualitative research (essay-type questionnaire + focus group)	Screen-based	Race and ethnicity (homeless veteran, overweight woman, Somali migrant and paraplegic)	Nursing students indicated that they increased their own capacity to understand, appreciate, and relate to people different from themselves. This case study demonstrated that valuable learning regarding complex topics can take place in the virtual world.
(Hickerson et al., 2018)/USA	To determine the level of knowledge, skills and attitudes of nursing students in relation to the health of LGBT patients.	Mixed methods study (questionnaire + focus group)	Standardized patient	patient LGBT patients	After standardized patient simulation, the students were better able to interview, provide safe space and use open language with lesbian, gay, bisexual and transgender patients and were more confident discussing safe sex practices.
(Ozkara San, 2019)/USA	To evaluate the impact of an educational strategy for teaching cultural competences using simulations.	Mixed methods study (questionnaire + focus group)	Standardized patient	patient LGBT patients	The standardized patient simulation influenced statistically significant increase in students' transcultural self-efficacy perceptions. Evidence-based strategies such as the standardized patient simulation can offer a valuable guide for educators to foster cultural competence education.
(Ozkara San et al., 2019)/USA	To evaluate the level of knowledge, skills, attitudes and confidence of students in caring for an LGBT patient experiencing an oncological emergency.	Mixed methods study (questionnaire + focus group)	Standardized patient	patient LGBTQ patients	Nursing students strongly agreed that the Transgender SP simulation met with their learning expectations and needs and improved their ability to provide culturally sensitive care.
(Englund et al., 2019)/USA	To ascertain whether role-playing among students had an impact on their confidence in taking medical histories and providing culturally competent care for patients in the LGBTQ community.	Mixed methods study (questionnaire + focus group)	Role play	LGBTQ patients	The results demonstrated a statistically significant difference in knowledge regarding LGBTQ-specific health issues following the course. The findings from this study indicate that the role-play is an effective method of teaching, resulting in improved students' gay-affirmative practice beliefs.
(Byrne, 2020)/USA	To ascertain the level of cultural competence among nursing students and to make a comparison between traditional teaching (lectures) alone and combined with the use of a standardized patient.	Mixed methods study (questionnaire + focus group)	Standardized patient	Race and ethnicity (African Americans and South Americans)	The study showed that the use of SP is an effective strategy for teaching cross-cultural care in nursing education, especially as a supplement to traditional lectures.

Continued on next page

Author, year/Country	Aim of the study	Research design	Type of simulation	Educational content	Main findings
(Marja & Suvi, 2021)/ Finland	To identify the current evidence available on the learning of cultural competence among health care students using simulation pedagogy.	The Literature review (The CINAHL, PubMed and ERIC databases were searched for type of simulation articles published between 2009 and 2019, resulting in 17 articles in the review.)	Literature included a review of various type of simulation (LFS = Low fidelity simulation; SPS = Standardized Patient Simulation; VR = Virtual simulation; HFS = high-fidelity (manikin).	Various aspects of transcultural care (ethnicity, religion, cultural difference)	Various simulation methods could be accompanied with traditional teaching methods, as these improve both culturally important skills and knowledge as well as promoting the acquisition of culturally aware attitudes and, finally, improving patient-centred care.
(Qin & Chaimongkol, 2021)/Thailand	To explore the literature on the effectiveness of using standardized patients to increase nursing students' cultural competence.	Literature review (The PubMed, ISI, Scopus, CINAHL, Medline, Eric and Science Direct databases were searched for articles published between 2009 and 2019, resulting in 10 articles in the review.)	Standardized patient	Various aspects of transcultural care (ethnicity, religion, cultural difference)	A combination of lecture, case-based learning, and simulation with standardized patient can increase nursing students' cultural competence.
(Fung et al., 2023)/five Asian regions (Hong Kong, Mainland China, Thailand, Korea, and Taiwan)	To compare the effectiveness of virtual simulation and PBL on the perceived clinical and cultural competence for nursing students.	Quantitative method (Three self-reported questionnaires)	Virtual reality patient	Ethnicity, religious and linguistic barriers (different Asian ethnicity). Cultural questions were added to the discussion, such as sharing how different countries prioritize different nursing diagnoses.	The virtual simulation group exhibited greater improvement in perceived clinical and cultural competence than the PBL group.
(Altmiller et al., 2023)/ USA	To determine the effect of a virtual patient simulation scenario of caring for a transgender adult on nursing students' attitudes and beliefs about transgender people.	Quantitative method (questionnaire)	Virtual reality patient	LGBTQ+ community	Virtual reality patient is an effective tool in teaching cultural competence and sensitivity when caring for transgender patients.

Legend LGBTQ – lesbian, gay, bisexual, transgender and queer

text of different cultural and ethnic backgrounds in a high-fidelity simulation (Seckman & Diesel, 2013). In the studies examined, the use of a standardized patient was the most frequently mentioned simulator for the development of cultural competencies. These competencies were most frequently mentioned in the context of caring for racially and ethnically diverse patients (Byrne, 2020; Grossman et al., 2012; Hamilton, 2016; Ndiwane et al., 2014) or patients' sexual orientation and gender identity (Hickerson et al., 2018; Ozkara San, 2019; Ozkara San et al., 2019). Two studies employed the virtual simulation method (Altmiller et al., 2023; Fung et al., 2023), which addressed a range of topics, including the implementation of culturally appropriate care plans, the exploration of concepts related to cultural competency, and the assessment of advanced communication skills. Two studies employed screen-based simulations to explore cultural, environmental needs and attitudes towards poverty in care (Everson et al., 2015; Tiffany & Hoglund, 2016). Two further studies utilised role play as a simulation method (Englund et al., 2019; Garrido et al., 2014), with one of these studies focusing on patients' sexual orientation and cultural needs. In designing the scenarios, authors most frequently utilized the Campinha-Bacote model of cultural competence, Jeffreys' Cultural Competence and Confidence Model, and the Purnell Model for Cultural Competence. Alongside the selected cultural model, some studies also incorporated the International Nursing Association for Clinical Simulation and Learning standards, which were designed to provide evidence-based guidelines for the practice and development of simulations.

Learning Elements Addressed by Simulations for the Development of Cultural Competence

In this section, we categorized the studies based on the learning elements that students aimed to acquire during simulations for the development of cultural competence (Table 3). The cognitive domain of learning cultural competence is the learning domain in which the greatest progress was made by the nursing students. In the studies examined, the cognitive knowledge component of cross-cultural competence learning was the most developed among nursing students (Fung et al., 2023; Grossman et al., 2012; Hamilton, 2016; Ndiwane et al., 2014; Ozkara San, 2019; Ozkara San et al., 2019; Phillips et al., 2012; Tiffany & Hoglund, 2016). Additionally, Ozkara San (2019) and Hickerson et al. (2018) highlight that simulation experiences afforded students the chance to cultivate a secure and respectful environment for patients and to engage in discourse on cultural practices, which proved to be a highly effective strategy for enhancing their self-esteem.

Table 3 Characteristics of Studies Based on Learning Domains and Elements Within the Domains

Learning domains	Author/s
Affective or behavioral domain	
Cultural desire	(Byrne, 2020; Hamilton, 2016)
Cultural beliefs	(Grossman et al., 2012)
Attitudes towards a culturally different group of persons	(Altmiller et al., 2023; Englund et al., 2019; Fung et al., 2023; Grossman et al., 2012; Hickerson et al., 2018; Ozkara San, 2019; Ozkara San et al., 2019)
Cultural encounters	(Hamilton, 2016)
Empathy	(Altmiller et al., 2023; Everson et al., 2015)
Cognitive domain	
Awareness/knowledge/perception	(Fung et al., 2023; Garrido et al., 2014; Grossman et al., 2012; Hamilton, 2016; Ndiwane et al., 2014; Ozkara San, 2019; Ozkara San et al., 2019; Phillips et al., 2012; Tiffany & Hoglund, 2016)
Understanding of another culture	(Seckman & Diesel, 2013)
Culturally competent communication	(Altmiller et al., 2023; Byrne, 2020; Garrido et al., 2014)
Self-confidence (cognitive ability)	(Hickerson et al., 2018; Ozkara San, 2019)
Psychomotor domain	
Ability to interview the patient	(Grossman et al., 2012; Hamilton, 2016; Hickerson et al., 2018; Ozkara San, 2019)

Given that interactions between different cultures often elicit emotional responses, simulations can also facilitate the transition from the cognitive to the affective domain of cultural competence. The studies conducted by Grossman et al. (2012) and Garrido et al. (2014) revealed a notable enhancement in the affective dimension of cultural competence acquisition, particularly in attitudes towards culturally diverse groups. This was observed in research where students provided care to a standardised patient of a different religion or ethnicity during a simulation experience. The affective domain also encompasses cultural desire and cultural awareness, which are anticipated to be attained when the participant engages voluntarily and actively in the simulated learning activity (Byrne, 2020). The simulated encounter with the patient enabled students to engage in a cultural interaction and make a cultural assessment (Byrne, 2020; Ndiwane et al., 2014). During these organised cultural encounters, students began to recognise many of their own beliefs that were not evidence-based and to realise that they did not even know themselves well.

The psychomotor skill developed during the transcultural nursing simulation was the ability to conduct patient interviews in a culturally sensitive

manner. In order to conduct an effective interview, students first acquired cross-cultural knowledge and skills during the simulation experience (Grossman et al., 2012; Hamilton, 2016; Hickerson et al., 2018; Ozkara San, 2019). They then applied this knowledge and skill during the interview in order to gather the necessary information about the patient. As observed by Grossman et al. (2012), while statistically significant improvements were noted in the psychomotor domain (interview), this domain exhibited the lowest pre-test and post-test scores in comparison to the cognitive and affective domains. Additionally, as posited by Hamilton (2016), the outcomes in the psychomotor domain were also influenced by students' demographic characteristics, with those from multicultural families demonstrating enhanced proficiency in conducting interviews.

Discussion

The process of international migration and globalisation presents a challenge to the healthcare system in an increasingly diverse society, which must provide culturally competent care. It is imperative to implement strategies that can effectively address the linguistic and cultural barriers that exist at the systemic, organisational and individual levels (Oikarainen et al., 2019). Consequently, it is becoming increasingly important for educators and mentors in clinical settings to impart cultural knowledge to students and create learning experiences that help them become culturally competent. Cultural competence is a process that can be effectively learned through appropriate forms of education (Foisly-Doll, 2013). Therefore, the aim of this integrative literature review was to determine the effectiveness of simulations as a teaching and learning method in acquiring cultural competencies among nursing students.

The integrative literature review revealed that the most prevalent simulator employed for the development of cultural competencies among nursing students is the standardized patient or a related simulation method, such as role-playing, in the context of providing care to patients from diverse racial, religious, and ethnic backgrounds, as well as in the context of culturally competent care for LGBT patients. In recent years, there has also been an increase in the use of virtual reality as a simulation method for learning cross-cultural nursing. The popularity of using standardised patients can be attributed primarily to their realism, the accuracy of information delivery (Webster, 2014), the provision of high-quality feedback, and the ability to assess students (Schram & Mudd, 2015). The use of the standardised patient is considered an optimal method for the development of cultural competencies, as it

offers a unique opportunity for human interaction that can influence both the sociological and psychological aspects of students (Harder, 2018). While the standardized patient offers numerous advantages, it is not without limitations, particularly in the representation of certain injuries or conditions that require invasive procedures, such as catheter insertion and establishing intravenous access (Schram & Mudd, 2015). Furthermore, virtual standardised patients represent an additional option for providing authentic experiences during simulations, which students can access through various applications. Their use has increased in recent years for training new generations, especially during the COVID pandemic (Altmiller et al., 2023). Role-playing has also been demonstrated to be an effective pedagogical approach for teaching transcultural nursing to nursing students (Englund et al., 2019). In role-playing, students assume the roles of both patient and nurse, thereby facilitating comprehension of the intricacies of providing care to culturally diverse patients and the dynamics between both parties. Compared to the use of standardized patients, role-playing is typically more cost-effective; however, it necessitates meticulous planning, the availability of sufficient time, and the willingness of students to participate (Paramasivan & Khoo, 2020).

The definition of learning objectives is typically contingent upon the content of the simulation in question, as well as the cultural context that is being addressed within the simulation experience. The most frequently identified cultural contexts within the analysed studies were ethnicity and race, religion, and sexual orientation – LGBTQ. It is notable that studies focusing on culture in the context of sexual orientation are more recent, which aligns with the increasing discussion on healthcare issues within the LGBT community (Bass & Nagy, 2024).

The distinctive nature of each simulation experience is also supported by learning strategies that encompass a range of multidimensional domains, including cognitive, practical (psychomotor), and affective domain. These strategies assist students in developing confidence and a sense of self-efficacy (Alexander et al., 2015). The most frequently identified learning objective within simulations for developing cultural competencies among nursing students was the enhancement of knowledge about cultural competence. Furthermore, notable enhancements were observed in the domains of communication and confidence, particularly in the cognitive domain. Overall, the cognitive domain was identified as the most frequently addressed area in studies seeking to enhance cultural competence among nursing students through simulations. As postulated by Grossman et al. (2012), an understanding of another culture is pivotal for the development of cultural awareness.

This is because awareness and knowledge of people's backgrounds extend beyond the mere recognition of ethnic affiliation when conducting cultural assessments. It also encompasses the understanding that people are diverse and capable of communicating with individuals who adhere to different beliefs and values. The affective domain was the second most commonly identified domain, which pertains to the domain of learning that concerns the emotional responses of individuals to those around them and encompasses their feelings, values, and attitudes (Ozkara San, 2019). Attitudes are constituted by beliefs and values, and in the context of culturally competent nursing care, they are significant because they convey how we comprehend the behaviour of others and how we utilise this comprehension to provide care (Altmiller et al., 2023; Byrne, 2020).

The studies examined focused on assessing various aspects of cross-cultural interactions, such as cultural humility, knowledge, awareness, empathy, sensitivity, interviewing skills, and the ability to relate to culturally diverse patients. Most results suggest that the different types of simulations contribute to improving cultural competence and are well received by nursing students, who express high levels of satisfaction with the usefulness, relevance, meaningfulness, and effectiveness of the simulations. Sales et al. (2013) suggest that integrating more cultural learning opportunities into healthcare education through a blend of teaching methods may be the most effective approach to improving cultural competence.

Nurse educators are essential in imparting cultural competence to their students, and the cultural competence of both educators and nurses remains a significant area of concern (Qin & Chaimongkol, 2021). The combination of different simulation techniques with traditional teaching methods has the potential to enhance culturally significant skills and knowledge while fostering the development of culturally sensitive attitudes, which in turn can lead to improved patient-centred care. Therefore, it is of paramount importance to enhance our understanding of how simulation functions within the framework of cultural competence and patient-centred care (Walkowska et al., 2023). This will enable learners, instructors and designers to optimise the benefits of simulation-based education in a cost-effective way. The generation of new data allows educators to phase out outdated, inefficient and passive learning methods while adopting these more effective, modern learning strategies (Marja & Suvi, 2021).

This integrative review may be subject to publication bias, as grey literature beyond electronic databases was not included, thus narrowing the perspective. The focus on peer-reviewed articles published exclusively in English

further narrows the perspective, predominantly reflecting research from the United States, limiting the generalizability of the findings to other cultural and educational settings. Future research should aim to address this limitation by including studies from a wider range of geographical contexts to ensure broader applicability. In addition, there is a clear need for well-structured longitudinal studies to further validate these findings.

Conclusion

The literature reviewed in this paper suggests that as patient populations become increasingly diverse, the demand for patient-centred care is rising, highlighting the importance of equipping future health professionals with training that fosters culturally congruent care. The studies consistently demonstrate the effectiveness of simulation in training nursing students to be culturally competent, with standardized patients being the most commonly used. Furthermore, findings suggest that learning through simulations can complement and enhance traditional teaching methods such as lectures and case-based learning. It is therefore important to find a blend of approaches that goes beyond traditional teaching methods by incorporating more innovative and adaptable techniques that impact learners in diverse ways.

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Uporaba simulacij za razvoj medkulturnih kompetenc v izobraževanju zdravstvene nege: integrativni pregled literature

Simulacijsko učenje je eden od načinov ustvarjalnega poučevanja, ki zagotavlja platformo za vključevanje kulturnih konceptov in ustvarjanje interaktivnih srečanj, ki jih je mogoče nadalje analizirati in nadgrajevati. Namen našega integrativnega pregleda je bil ugotoviti veljavnost in učinkovitost simulacije kot metode poučevanja in učenja za pridobivanje kulturnih kompetenc pri študentih zdravstvene nege. V podatkovnih zbirkah CINAHL, PubMed in Science Direct so bili poiskani članki, na podlagi katerih je bilo v pregled vključenih 17 člankov. Rezultati so pokazali, da se v simulacijskih scenarijih za namen raz-

vijanja kulturnih kompetenc najpogosteje uporablja standardizirani pacient. Najpogosteje opredeljen cilj je bil povečati znanje o kulturnih kompetencah, najboljše pa so bili razviti učni elementi znotraj kognitivnega in afektivnega področja. Naše ugotovitve podpirajo nadaljnjo uporabo in razvoj simulacij v izobraževalne namene za izboljšanje kulturnih kompetenc študentov zdravstvene nege.

Ključne besede: kulturne kompetence, zdravstvena nega, simulacije, transkulturna zdravstvena nega