

**Development of cultural competence in the training of nursing students***Desarrollo de la competencia cultural en la formación de estudiantes de enfermería**Desenvolvimento da competência cultural na formação dos estudantes de enfermagem***Elisabete Aparecida Ribeiro Jose<sup>1</sup>**

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**Submission:** 08-02-2021**Approval:** 10-19-2021**Abstract**

The aim was to identify and map the strategies for the development of cultural competence during the training of students in nursing education institutions. For the elaboration of this Integrative Literature Review, the PCC method was used to develop the research question: What are the strategies used by Nursing Education Institutions to develop cultural competence during the training of students? To answer the question asked, a search was carried out, using the EBSCO-host and PubMed search engines, and the respective databases Cumulative Index to Nursing and Allied Health Literature and MedLine. No time horizon limits were applied. The established languages were Portuguese, English and Spanish. For the assessment of methodological quality, we used a critical assessment instrument, specific for each type of study (qualitative and quantitative). Seven studies were included in the selection, which after being analyzed showed that there are strategies through which students can develop CC, but the most used are: Mobility Programs and Cultural Competence Courses. These results provide evidence of the potential use of educational strategies for the development of CC in nursing students.

**Descriptors:** Cultural Competency; Education, Nursing; Education, continuing; Teach-Back Communication; Task Performance and Analysis.

**Resumén**

El objetivo fue identificar y mapear las estrategias para el desarrollo de la competencia cultural durante la formación de estudiantes en instituciones de educación en enfermería. Para la elaboración de esta Revisión Integrativa de la Literatura se utilizó el método PCC, con el fin de desarrollar la pregunta de investigación: ¿Cuáles son las estrategias que utilizan las Instituciones de Educación en Enfermería para desarrollar la competencia cultural durante la formación de los estudiantes? Para dar respuesta a la pregunta planteada, se realizó una búsqueda, utilizando los motores de búsqueda EBSCO-host y PubMed, y las respectivas bases de datos Cumulative Index to Nursing and Allied Health Literature y MedLine. No se aplicaron límites de horizonte temporal. Los idiomas establecidos fueron portugués, inglés y español. Para la evaluación de la calidad metodológica se utilizó un instrumento de evaluación crítica, específico para cada tipo de estudio (cualitativo y cuantitativo). En la selección se incluyeron siete estudios, que luego de ser analizados mostraron que existen estrategias a través de las cuales los estudiantes pueden desarrollar CC, pero las más utilizadas son: Programas de Movilidad y Cursos de Competencia Cultural. Estos resultados evidencian el potencial uso de estrategias educativas para el desarrollo de CC en estudiantes de enfermería.

**Descriptores:** Competencia Cultural; Educación En Enfermería; Educación Continua; Método Teach-Back; Análisis y Desempeño de Tareas.

**Resumo**

Objetivou-se identificar e mapear as estratégias de desenvolvimento da competência cultural durante a formação dos estudantes nas instituições de ensino de enfermagem. Para a elaboração da presente Revisão Integrativa da Literatura, recorreu-se ao método PCC, de forma a desenvolver a questão de investigação: Quais são as estratégias utilizadas pelas Instituições de Ensino de Enfermagem para Desenvolvimento da competência cultural durante a formação dos estudantes? De modo a dar resposta à questão formulada, realizou-se uma pesquisa, com recurso aos motores de busca EBSCO-host e PubMed, e às respectivas bases de dados *Cumulative Index to Nursing and Allied Health Literature* e MedLine. Não foram aplicados limites de horizonte temporal. Os idiomas estabelecidos foram, português, inglês e espanhol. Para a avaliação da qualidade metodológica, utilizamos um instrumento de avaliação crítica, específico para cada tipo de estudo (qualitativo e quantitativo). Sete estudos foram incluídos na seleção, que após analisados demonstraram que há estratégias através das quais os estudantes podem desenvolver CC, porém as mais utilizadas são: os Programas de Mobilidade e os Cursos de Competência Cultural. Estes resultados fornecem evidências do potencial da utilização das estratégias educativas relativamente ao desenvolvimento da CC nos estudantes de Enfermagem.

**Descritores:** Competência Cultural; Educação em Enfermagem; Educação Continuada; Comunicação para Aprecensão de Informação; Análise e Desempenho de Tarefas.



## Introduction

Cultural Competence (CC) is the process in which the health professional continually strives to achieve the ability to provide effective health care, considering the client's cultural context, understood as the person, family, or community. Although this concept is the most used in nursing, it has, in recent decades, evolved and been adapted because of social changes associated with cultural diversity, health policies, increased poverty and inequitable access to health<sup>1,2</sup>.

It is important to highlight that globalization and the growing increase in the migratory flow to which the world is exposed, corroborate the pressing need for nurses to develop Cultural Competence to ensure care from a holistic perspective, respecting the biological, cultural, social dimensions and spiritual of the person, family, and community. The cultural invasion to which countries are exposed, arising through the growing migratory flow, impacts all segments of society, especially the health sector, which has the challenge of reducing disparities and guaranteeing universal, comprehensive, and equitable access to services and actions of respecting the culture of users of the health system, which will only be possible through the development of cultural competence. Evidence demonstrates that the social, cultural, and economic impacts resulting from globalization can result in health risks<sup>3-8</sup>.

It should be noted that globalization, the increase in the migratory flow, and this cultural invasion also have an impact on the educational sector, especially in Nursing Education, as nursing is essentially a profession of transcultural and intercultural care<sup>9</sup>. In this sense, the development of this Competence, during training, will allow future nurses to provide care to the person from a holistic perspective, minimizing disparities and possible conflicts, which arise when different cultures intersect<sup>2</sup>.

Thus, the emphasis on health training devoid of cultural training and vice versa reduces the quality of care and the effectiveness of care and health services, therefore, the need to introduce knowledge in cultural care in the training of undergraduates is indisputable<sup>10</sup>.

Higher Education Institutions, specifically Nursing Schools, have a huge responsibility in the education and training of students, as nurses are professionals who must provide care in a holistic way considering the subjectivity of each person, especially those in processes of life transition, as is the case of immigrants<sup>9</sup>. Therefore, educational institutions have the challenge of reformulating or enhancing their educational curriculum in line with global trends, providing the student with theoretical support and interactions with different cultures with or without health problems, since the training processes need to be focused on this problematic, as intercultural education is a political-pedagogical proposal that envisages training for citizenship and overcoming prejudices and discriminations that expropriate individuals and communities of their rights<sup>11</sup>.

Thus, this study contributes to strengthen the training of nursing students through the development of technical-scientific, political ethical, socio-educational

competences in a context that allow future nurses to recognize health as a right and decent living conditions and act in a way that ensure comprehensive care, understood as an articulated and continuous set of preventive and curative actions and services, individual and collective, required for each case at all levels of system complexity<sup>12</sup>. Therefore, the objective was to carry out this literature review to identify and map the scientific evidence on the strategies for the development of cultural competence that contribute to the education of students in Nursing Education Institutions to answer the following question: What are the strategies used by Nursing Education Institutions to develop cultural competence during student education?

## Methodology

The Integrative Literature Review (RIL) is a research method that consists in the collection and orderly synthesis of data about a theme or question, allowing the acquisition of knowledge on the subject under analysis. This synthesis of knowledge will support decision-making and, subsequently, the improvement of clinical practice, constituting a key instrument for nursing knowledge<sup>13</sup>. For the process of formulating a Systematic Literature Review (RSL), it is essential to carry out some steps, namely: the formulation of a review question; definition of inclusion and exclusion criteria; location and selection of studies and subsequent assessment of their methodological quality; data extraction; analysis and synthesis of the most relevant results of the selected studies; presentation, interpretation, and applicability of the results obtained<sup>14</sup>. In this line of thought, this document will be governed by the assumptions of an RIL, using the methodology of the Joanna Briggs Institute (JBI)<sup>15</sup>.

Thus, to build the research question, we used the PCC mnemonic which comprises three components for the review process (Population: Students, Concept: Cultural Competence Development Strategies and Context: Nursing Education Institutions). This mnemonic is fundamental for organizing the selection of studies, extracting data, mapping the evidence, and explaining its meaning<sup>14</sup>.

Based on the PCC mnemonic, the following Research Question was formulated: What are the CC development strategies during the training of students in Nursing Education Institutions? Thus, the following objective was defined, to identify and map the strategies for the development of cultural competence during the education of students in Nursing Education Institutions.

Organizing study selection and data extraction requires defining criteria. Therefore, to maintain consistency between the review question, the planning and the choice of the research strategy, the inclusion and exclusion criteria were defined in a clear and objective manner<sup>15</sup>. Inclusion was based on studies with available full text; studies that include nursing students; studies that analyze the various CC development strategies that contribute to the acquisition of knowledge; studies that address the CC development strategies, carried out in the context of Nursing Education Institutions, including theoretical or theoretical classes, practical or practical, taught to students during the nursing degree; primary research studies; quantitative, qualitative



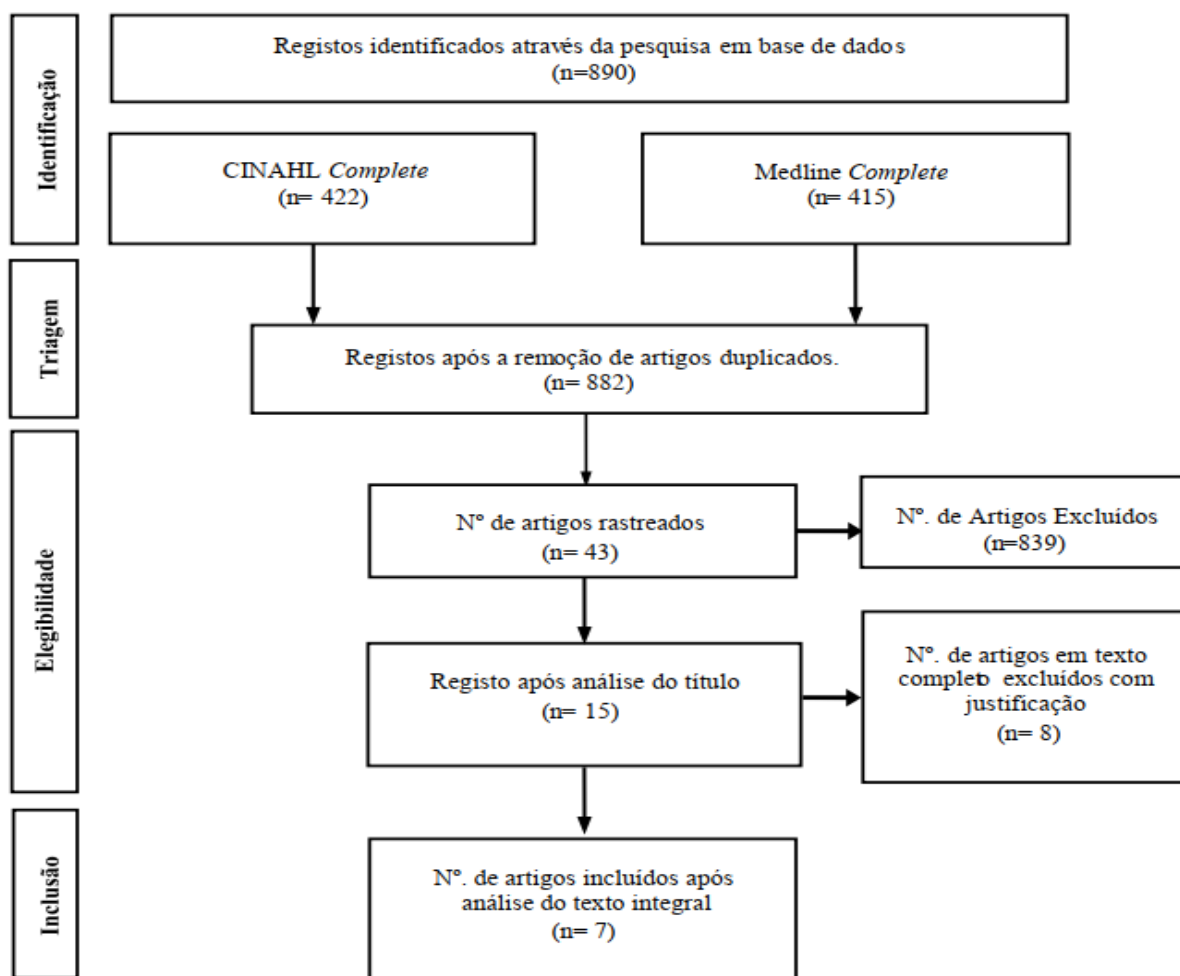
and mixed methods studies; in Portuguese, English and Spanish. Exclusions are opinion studies; epidemiological studies; duplicate articles; articles whose content is not related to the phenomenon of interest or to the objectives of this study.

The search for scientific evidence was carried out in May 2021, using the EBSCO-host and PubMed search engines, and in the Cumulative Index to Nursing and Allied Health Literature and MedLine databases. To carry out the research, on the platforms, we used the keywords and indexing terms “cultural competence”, “cultural awareness”, “cultural competence”, “cultural sensitivity”, “intercultural competence”, “multicultural competence”, “nursing education”, “nurse education”, “continuing education”, “training program”, “training”, “nursing instruction”,

“strateg\*”, “methods” and “techniques”. The MeSH terms and CINAHL subject headings used were: “continuing nursing education”; “cultural competence” and “learning methods”.

Through the search with the application of the defined combination, a total of 890 articles were obtained, and after applying the inclusion criteria, the total reduced to 50 results, excluding 415 articles from the MedLine and 422 databases. from CINAHL using Rayyan QCRI software. Then proceeded to the elimination of repeated articles and reading of the title, having excluded 8 repeated articles. After reading the abstract, 28 articles were also excluded, leaving a sample of 15 articles, which, after reading the entire text, excluded 8, leaving 7 articles that were found to be appropriate for the theme. This entire selection process is outlined in Figure 1, which represents the Prism Flowchart.

Figure 1. PRISMA study selection flowchart. Porto, Portugal, 2021



**Results**

By summarizing the selected studies, with the objective of identifying and mapping the strategies for the development of cultural competence that contribute to the education of Nursing students, we found 7 articles, namely: three articles from the United States of America (USA1, USA2, USA3)<sup>16-18</sup>, one article from Japan (JP1)<sup>19</sup>, two articles from Taiwan (TW1, TW2)<sup>20,21</sup> and one from Turkey (TR1)<sup>22</sup>,

published between 2012 and 2020. For ease of presentation, the studies will be identified by their respective acronyms.

Study participants are students of Nursing and other areas of health (USA3) and Professors of Nursing (USA1). In studies that focus on nursing students, four refer to the course year, in which groups of young people from the early years of the course (TR1 and TW2), the last year (USA2) and every year (JP1) participated. As for the models that underlie the studies, one refers to Leininger's Sunrise Model,



the Campinha-Bacote culturally competent care model and the cultural competence model in mental and psychiatric health nursing (TW2), one refers to the Model of Bennett's Intercultural Sensitivity Development and Deardorff's Intercultural Competence Process Model (USA3) and, finally, one refers to Leininger's Theoretical Model of Diversity and Universality of Cultural Care (TW1).

Chart 1 presents the articles in relation to title, author, year of publication, country, objective, type of study and database. To organize the data exposure, the articles were coded with letters and numbers, according to the country where the study was carried out, listed in alphabetical order.

Chart 1. Categorization of studies included in the review. Porto, Portugal, 2021

Title	Author	Year	Country/ Acronym	Objective (s)	Type of study
Teaching Strategies that Promote a Culturally Sensitive Nursing Education	Dewald R.	2012	United States of America <b>USA1</b>	Explore teaching strategies that promote culturally sensitive nursing education and care.	descriptive study, qualitative with Delphi technique.
Being the stranger: Comparing study abroad experiences of nursing students in low- and high-income countries through hermeneutical phenomenology	Maltby H, Vries-Erich J & Lund K.	2016	United States of America <b>USA2</b>	Explore the experiences of American nursing students who have undertaken mobility abroad, in a country considered underdeveloped (Bangladesh) and in a country considered developed (Holland).	Qualitative, phenomenological-hermeneutic study.
Intercultural competency development of health professions students during study abroad in India	Doorenbos A & Richards C.	2016	United States of America <b>USA3</b>	Describe and evaluate the effectiveness of a healthcare 3-week Mobility Program and intercultural competency curriculum in increasing students' skills and knowledge.	Mixed study, pre and post-test.
Learning experiences and identity development of Japanese nursing students through study abroad: a qualitative analysis	Asahara K, Huffman J, Inoue M, Nagai T, Nakajima K, Oguro M, Okubo N, Saitoh A, Shimoda K, Tashiro J, Umeda M & Uriuda M.	2020	Japan <b>JP1</b>	To analyze the experiences and perceptions of nursing students from a University in Japan who carried out a mobility program in Asia and North America, identifying its benefit.	Qualitative, deductive, and inductive study.
Effects of Transcultural Nursing Education on the Professional Values, Empathic Skills, Cultural Sensitivity and Intelligence of Students	Kaçan C & Örsal Ö.	2020	Turkey <b>TR1</b>	To examine the effect of cross-cultural education on the professional values, empathic skills, cultural sensitivity, and intelligence of nursing students.	Quasi-experimental study with a control group, post-test.
Cultural competence course for nursing students in Taiwan: A longitudinal study	Chang P, Huang M, Lin C & Wang, L.	2015	Taiwan <b>TW1</b>	Evaluate the effects of a CC course for nursing students from two different Universities in Taiwan.	Longitudinal, quasi-experimental, pre-test, post-test, and follow-up study.
Evaluation of nursing students' perceptions of their cultural care competency: A mixed method study in Taiwan	Chen Y., Hung CC., Liang H., Wang, Y & Wu K.	2019	Taiwan <b>TW2</b>	To assess how the implementation of a CC course, as part of a nursing care course for children and adolescents, affected the students' perception of their own cultural competence.	Explanatory, progressive, mixed-approach study, pre- and post-test.

Next, we present the types of CC development strategies evidenced in the studies (Chart 2). We will use acronyms to facilitate the analysis: Curricular units of

theoretical typology (T), theoretical-practical (TP), laboratory practice (PL) and clinical teaching essay (EC).

Chart 2. Strategies for the development of Cultural Competence by study. Porto, Portugal, 2021

Study	Strategy
<b>USA1</b>	<b>In general:</b> Integrate cultural sensitivity into all courses and include cultural perspectives of care in the curriculum; CC model approach; working with individual students to overcome learning barriers.



	<p><b>Course units: T, TP, and PL:</b> Teach respect for human dignity, use understandable language, convey genuine empathy, resort to analysis of cases, scenarios and/or roleplay; Seminars and Workshops.</p> <p><b>EC:</b> Contact with users from different cultures; Provide mentoring and guidance, using culturally sensitive mentors; promote critical thinking, encouraging students to analyze attitudes, beliefs, and reactions; encourage self-confidence, promote self-efficacy; Avoid generalizations and stereotypes.</p>
USA2	<p><b>Course Units: T:</b> Theoretical classes integrated in the Public Health Course.</p> <p><b>EC:</b> Visit to Health Care Institutions; Conducting community studies through field visits; Visits to historic sites; Experience everyday life in various communities.</p>
USA3	<p><b>Course Units: T:</b> Pre-departure preparation and orientation sessions; participation in a group discussion; Personal development plans; Elaboration of guided reflections, based on Bennett's intercultural sensitivity development model and Deardorff's intercultural competence process model.</p> <p><b>EC:</b> Cultural experience and rotating clinical practice in two hospitals (public and private hospital) in different clinical areas (community health, psychology, family medicine, rehabilitation, surgery, medical surgery internship, pediatric emergency room, medicine and pharmacy internship) - post-test.</p>
JP1	<p><b>Course Units: T:</b> Orientation sessions and Preparation of Presentations in English before the Mobility Program; Learn about technical English applied to Nursing practice in Canada; Develop communication skills in English in Canada; Learn about community health issues from a global perspective in the US; Learn about health systems and nursing practices in Thailand and South Korea; Learn about Chinese medicine and health care in Taiwan; Reflection texts after the program.</p> <p><b>EC:</b> Cultivate a global perspective by integrating nursing courses in the US; Nursing practice in countries considered developed and underdeveloped; perform volunteer services in the Philippines.</p>
TR1	<p><b>Course Units: T:</b> Invite different speakers to discuss cultural issues; Testimonial reports.</p> <p>Watch movies, interpret articles, and discuss in groups; discuss positive and negative aspects of individual social experiences.</p> <p><b>PL:</b> Practical cases performed by students.</p>
TW1	<p><b>Course Units: T:</b> Attend lectures; Group presentations based on Leininger's Theoretical Model of Diversity and Universality of Cultural Care; View videos and further discussion of them; personal reflections.</p>
TW2	<p><b>Course Units: T:</b> Sunrise Model by Leininger, Culturally Competent Care Model and CC Model in Mental and Psychiatric Health Nursing, by Campinha-Bacote; Didactic teaching on culturally competent care; Opinion about the course.</p> <p><b>PL:</b> Presentation of scenarios about cultural conflicts to stimulate critical thinking.</p>

## Discussion

In the articles under study, the types of strategies most highlighted for the development of CC were mobility programs (USA2, USA3 and JP1) and CC teaching-learning courses, with a maximum duration of one semester (TR1, TW1 and TW2).

It is noteworthy that of the seven selected articles, only one (USA1) highlight professor as experts on the best practices that promote cultural sensitivity in Nursing Education, despite describing several ways to encourage the teaching-learning of CC.

## Mobility programs

Mobility programs are defined as any educational experience that involves a person, usually a student, who leaves their home country for a certain period. This experience can be organized and offered by a university, or the student can plan and get involved in it on their own initiative. Mobility programs can be short term, from one to four weeks, or long term, more than four weeks, and may involve experiences in countries considered developed or underdeveloped<sup>19</sup>. Studies that address mobility programs, namely EUA2, EUA3 and JP1, present some converging and divergent aspects. The three mobility programs include theoretical and practical components. Regarding the theoretical components, the EUA3 and JP1 studies have in common pre-departure orientation and preparation sessions, unlike the EUA2 study, which only addresses the course developed during the program. Still in the theoretical component, studies JP1 and EUA3, encompass personal reflections, which refer to experience during the program (JP1) and which are based on CC models (USA3).

Regarding the practical component of these programs, in all studies referring to the mobility programs, USA2, USA3 and JP1, students contacted health institutions.

In addition to the above, in the USA2 and USA3 studies, so that students could know the environment, the culture in which they live, and its population, they visited relevant places for this purpose, such as cities, field visits and studies of the community. On the other hand, in the JP1 study, students prepared presentations in English to facilitate their adaptation, in linguistic terms, to the place where they would take the program.

Analyzing the effects of increased CC on students in mobility programs (USA2, USA3 and JP1), the results suggested that all students changed their view of the world and developed their cultural awareness, regardless of having an experience in a country considered underdeveloped. or developed. Students' experiences during mobility programs may differ, according to their duration and destination, and whether these programs are carried out in groups or individually<sup>23</sup>.

Pre-departure preparation is essential to guide and prepare students for goals to be achieved. Students need support, before, during and after their international experience, not only by sharing information, but also through appropriate reflection and clarification sessions. Furthermore, teachers who supervise students in mobility programs need to understand the positive impacts of this experience on skills acquisition, encouraging them to understand the meaning of their learning experiences. Mobility programs are a valuable resource for students and professionals to be better prepared for nursing practice in the globalized world<sup>23</sup>.

## CC courses

All studies, TR1, TW1 and TW2, addressed models related to culture. In study TW1, they made group presentations on CC models, namely Leininger's Theoretical Model of Diversity and Universality of Cultural Care, in study





TW2 they used Leininger's Sunrise Model, Culturally Competent Care Model and the Nursing CC Model of Mental and Psychiatric Health, from Campinha-Bacote and in the TR1 study there is reference in the use of Transcultural Nursing Models during the course, but they are not identified.

The results of the three studies covering CC courses (TR1, TW1 and TW2) reveal their effectiveness. In the TW1 article, the CC of all participants improved in the post-test evaluation, even better results were found in students who participated in the course (experimental group), than in students who did not participate (control group), confirming that performing a CC course effectively increases students' skills. Likewise, the TW2 study also showed better results in the post-test evaluation, as there was an increase in the knowledge, attitudes, and skills of culturally competent care after the CC course. In the TR1 study, the experimental group's scores were higher than those of the control group, in this study, the Transcultural Nursing course was presented as an effective method, namely in terms of cultural sensitivity, empathy, cultural intelligence and professional values.

Finally, the EUA1 study identifies the recommended teaching strategies and practices for nursing education, from the perspective of specialists in the field. The types of strategies were ranked according to their relevance. Specialists in the study claim that the use of these strategies enhances students' knowledge of CC. Some of the strategies mentioned in this study are in line with the strategies highlighted in the studies discussed above. Such as, approach to CC models (USA3, TW1 and TW2), use case analysis, scenarios, and role-play (TR1 and TW2), promote critical thinking of students (USA3, TR1 and TW1), contact with users from different cultures (USA2, USA3 and JP1) and seminars on CC (USA3).

All authors concluded that nursing school curricula need to be revised so that all students have the same opportunities to acquire CC and, consequently, there is an improvement in health care.

Existing curricular models often do not meet the needs of nurses who meet different patients in different

clinical contexts. The paradigm shift will require fundamental changes in the way nursing faculty consider, organize, and provide the cultural content for the development of CC of students. Strategies traditionally used in education may not be sufficient to immediately meet the need to respond to the cultural diversity of patients in health care<sup>24</sup>.

The intent of a curriculum that addresses CC development strategies is to ensure that students have the knowledge, attitudes and skills that allow them to work effectively with patients and their families, as well as with other community members and multidisciplinary teams of health<sup>24,25</sup>, considering everyone's culture.

## Conclusion

The growing number of patients from different cultures creates an enormous challenge for nurses, demanding individualized and holistic care based on each person's cultural needs. This requires from nurses the knowledge and understanding of different cultures regarding health, beliefs, values, and customs. Cross-cultural knowledge is important for nurses, so that they become sensitive to the needs of individuals from different cultures. It is noteworthy that these professionals have close contact with patients and are responsible for formulating care plans to meet the individual needs of patients.

The acquisition of Cultural Competence, in nursing students and nurses, is a key measure to reduce disparities and ensure universality, integrality and equity in health services. The development of CC during the training of students must be a priority. While education alone is likely to be insufficient to improve CC, it is imperative that there is a systematic and continuous approach to its improvement. It is concluded that strategies for the Development of Cultural Competence should be part of the training process of nursing students, as intercultural education is a political-pedagogical proposal that envisages training for citizenship, overcoming prejudices and discriminations that expropriate individuals and communities of their rights.

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