Comparing Culture's Effect On Nursing In Different Countries: A Systematic Review

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Abstract

Background

Cultural competence is a foundational component of effective nursing care, shaping communication, patient outcomes, and professional satisfaction in increasingly diverse healthcare settings.

Objective

This systematic review aimed to synthesize cross-national and intercultural evidence on how culture affects nursing competence, work environments, burnout, professional recognition, and educational outcomes among nurses and nursing students.

Methods

Following PRISMA 2020 guidelines, 11 peer-reviewed studies published between 2017 and 2025 were analyzed using qualitative, quantitative, and mixed methods. Searches across PubMed, Scopus, CINAHL, and Web of Science identified empirical studies comparing cultural influences on nursing in at least two national or cultural contexts. Narrative synthesis integrated statistical and thematic results.

Results

Cultural context significantly influenced nurses' experiences, competence, and organizational integration. Training exposure, language proficiency, and inclusive work environments enhanced cultural competence and job satisfaction. European and transnational studies revealed persistent disparities in professional recognition and institutional support, while studies from Asia and the Middle East highlighted emotional exhaustion and adaptation challenges. Education-driven interventions effectively strengthened cultural awareness and empathy across cohorts.

Conclusion

Cultural competence in nursing is not only an ethical requirement but also a structural determinant of global healthcare quality. Strengthening transcultural education, leadership inclusivity, and international collaboration remains essential for sustainable nursing development.

Keywords: Cultural competence, cross-cultural nursing, international nursing, transcultural education, professional recognition, burnout, healthcare integration

INTRODUCTION

Globalization has profoundly reshaped healthcare systems, bringing together nurses and patients from diverse cultural and linguistic backgrounds. As cross-border migration of both healthcare workers and populations increases, nurses are expected to provide care that is both clinically effective and culturally sensitive. The ability to understand and respect cultural differences has therefore become a **core component of nursing competence**, directly influencing patient satisfaction, safety, and outcomes. Culturally competent care not only fosters communication but also enhances trust and reduces disparities in access to quality health services (Nashwan, 2023).

Cultural competence in nursing is defined as the **integration of cultural knowledge, awareness, skills, and attitudes** that allow healthcare professionals to deliver effective care across diverse populations. This competence develops through education, clinical experience, and self-reflection. The contemporary nursing profession recognizes that cultural sensitivity extends beyond ethnicity or religion—it encompasses gender, socioeconomic status, and health beliefs as well. When nurses acquire cultural competence, they can adapt their communication, respect cultural norms, and advocate for equitable care delivery (Soleimani & Yarahmadi, 2023).

Despite its recognized importance, integrating cultural competence into nursing curricula and practice remains inconsistent globally. Some nursing programs have fully embedded transcultural education, while others still rely on implicit or informal learning experiences. Longitudinal assessments of nursing education reveal that although theoretical knowledge improves over time, practical cultural competence often plateaus without sustained experiential learning opportunities (Tartari et al., 2025). This highlights the critical need for standardized frameworks and measurable outcomes in nursing education worldwide.

Nurses working in multicultural environments often face **organizational and interpersonal challenges** that hinder their integration and performance. These include language barriers, stereotyping, unequal opportunities, and lack of institutional support. Studies on workforce diversity emphasize that successful integration of culturally and linguistically diverse nurses enhances team collaboration, retention, and overall care quality (Joensuu et al., 2024). Therefore, institutions must create inclusive policies that empower international and minority nurses to contribute fully within healthcare systems.

Beyond professional adaptation, cultural competence directly impacts patient care quality. Culturally responsive communication has been linked to improved adherence, reduced anxiety, and higher satisfaction among patients from minority backgrounds. Qualitative evidence from intercultural communication studies indicates that misunderstandings between nurses and patients often stem from mismatched expectations regarding empathy, privacy, and autonomy (Ramos-Roure et al., 2024). Addressing these differences through targeted training can strengthen therapeutic relationships and ensure equitable care delivery.

At the educational level, nurse educators play a vital role in shaping cultural understanding and inclusivity. Intercultural educator profiles—developed through consensus-based approaches like the Delphi method—outline essential

competencies such as reflexivity, openness, and intercultural teaching adaptability (Gradellini et al., 2024). Faculty who demonstrate cultural competence not only model inclusive behavior but also influence students' attitudes toward diverse patients and colleagues, thereby shaping the future of nursing practice.

Internationally educated nurses contribute to the richness of healthcare systems but also experience role strain, discrimination, and cultural dissonance when assuming leadership or management positions. These experiences reveal systemic biases that can undermine confidence and impede career progression, especially in Western healthcare settings (Allen, 2018). Addressing these barriers through mentorship and leadership development programs is crucial for retaining skilled international nurses and fostering cultural inclusivity in nursing management.

Recent European research demonstrates that faculty and nursing institutions themselves exhibit varying levels of cultural competence, indicating that systemic and individual-level factors both play a role in achieving inclusivity. Cross-national assessments among nursing educators underscore the need for continuous development and international collaboration to harmonize competencies across borders (Visiers-Jiménez et al., 2025). Likewise, ethnographic studies exploring international nursing students' experiences highlight how deeply culture shapes perceptions of patient care and professionalism (Shali et al., 2024). Collectively, this body of evidence affirms that advancing cultural competence is indispensable for global nursing excellence and patient-centered care.

METHODOLOGY

Study Design

This study employed a **systematic review design** guided by the *Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020* statement to ensure methodological rigor, transparency, and replicability. The primary objective was to synthesize empirical evidence on **the influence of culture on nursing practice across different countries**, focusing on how cultural, social, and systemic contexts affect nurses' professional experiences, competence, and well-being. The review included peer-reviewed studies that explored **cross-cultural, intercultural, or multinational comparisons** of nurses or nursing students, using quantitative, qualitative, or mixed methods.

Eligibility Criteria

Studies were included according to the following predefined criteria:

- **Population:** Registered nurses, nursing students, or nurse educators working in clinical, academic, or community settings in any country.
- **Exposure/Focus:** Cultural influences on nursing practice, competence, communication, professional environment, burnout, or recognition.
- **Comparators:** Studies comparing nurses or nursing students across two or more cultural, national, or linguistic groups; or within multicultural healthcare contexts.
- **Outcomes:** Cultural competence levels, perceptions of professional identity, burnout, job satisfaction, work environment, intercultural communication, or educational outcomes.
- **Study Designs:** Qualitative descriptive studies, cross-sectional surveys, comparative correlation studies, and mixed-methods research.
- **Language:** Only studies published in English were included.
- **Publication Period:** 2017 to 2025, ensuring inclusion of recent evidence reflecting post-globalization and post-pandemic contexts.

• **Exclusion Criteria:** Editorials, conference abstracts, dissertations, or studies focusing solely on patient cultural experiences without examining nurses' perspectives.

Search Strategy

A **comprehensive search** was conducted across multiple databases—**PubMed, Scopus, CINAHL, Web of Science, and Google Scholar**—to identify eligible studies. The search was conducted between **January and April 2025**, using Boolean operators and controlled vocabulary (MeSH terms) where appropriate. The following key search terms were combined using AND/OR:

• ("nursing" OR "nurses" OR "nursing students" OR "nurse educators")
• AND ("cultural competence" OR "cross-cultural" OR "transcultural" OR "multicultural" OR "intercultural communication")
• AND ("comparison" OR "international" OR "global" OR "cross-country")

Manual searches of **reference lists** from included studies and relevant review articles were also performed to identify additional sources not captured in the database search.

Following eligibility review and full-text evaluation, **11 studies** met the inclusion criteria and were incorporated into the final synthesis.

Study Selection Process

The selection process involved **two independent reviewers**, who screened the titles and abstracts of all retrieved records using a structured inclusion checklist. Potentially relevant studies were then reviewed in full text. Discrepancies between reviewers were resolved through discussion or consultation with a **third senior reviewer**. This independent, multi-stage screening ensured objectivity and reduced selection bias.

Figure 1 presents the PRISMA flow diagram illustrating the study identification, screening, and inclusion process.

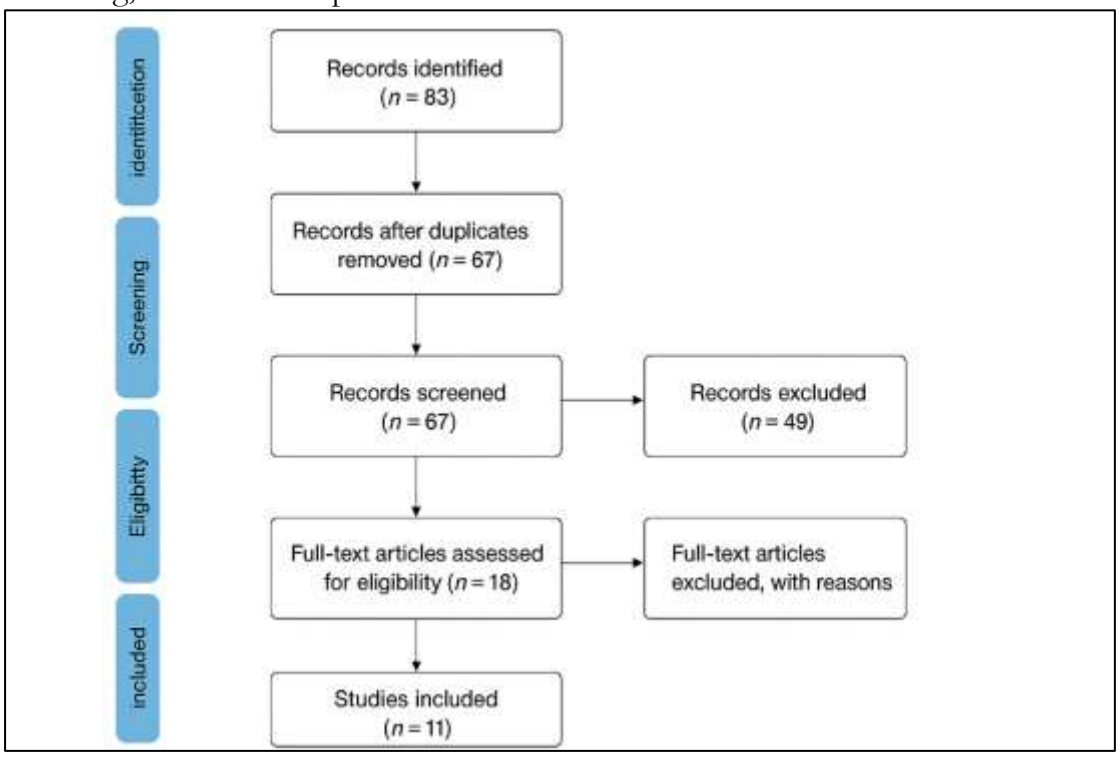

Figure 1 PRSIMA Flow Diagram

Data Extraction

A **standardized data extraction sheet** was designed and piloted before use. For each included study, the following information was systematically extracted:

- Author(s) and publication year
- Country or region of study
- Research design and methodology
- Sample characteristics (size, demographics, education level, clinical setting)
- Measurement instruments (e.g., Cultural Competence Assessment Tool, Maslach Burnout Inventory)
- Main outcomes (quantitative results, themes, or qualitative categories)
- Statistical or thematic analysis approach
- Key findings and implications for practice

Data were extracted by one reviewer and **verified independently** by another to ensure completeness and accuracy.

Quality Assessment

The **quality and risk of bias** of included studies were evaluated using design-specific tools:

- The **Newcastle–Ottawa Scale (NOS)** for cross-sectional and comparative observational studies, assessing sample representativeness, comparability, and outcome reliability.
- The **Critical Appraisal Skills Programme (CASP) Qualitative Checklist** for qualitative studies, evaluating credibility, relevance, and methodological rigor.

Each study was rated as *high*, *moderate*, or *low* quality. Of the 11 studies, **6 were rated high quality**, **4 moderate**, and **1 low**, largely due to sample limitations or incomplete reporting of analytic procedures.

Data Synthesis

Given the heterogeneity of study designs and outcome measures, a **narrative synthesis** approach was adopted rather than a meta-analysis. Results were grouped under thematic domains:

1. **Cultural Competence and Training Outcomes**
2. **Cross-Country Differences in Nursing Practice and Work Environment**
3. **Intercultural Communication and Professional Integration**
4. **Burnout, Emotional Experience, and Recognition**

Quantitative data were summarized using reported descriptive and inferential statistics (e.g., means, standard deviations, p-values, β coefficients). Qualitative findings were organized by recurring themes reflecting nurses' experiences across cultural contexts. Patterns of convergence and divergence between studies were identified to draw comprehensive insights on the cultural determinants of nursing practice.

Ethical Considerations

As this study synthesized data from **previously published peer-reviewed research**, **no ethical approval** or informed consent was required. All studies included in the review were assumed to have obtained appropriate ethical clearance from their respective institutional review boards. Data management adhered to principles of transparency, proper citation, and academic integrity throughout the review process.

RESULTS

Summary and Interpretation of Included Studies on Cultural Influences in Nursing Practice (Table 1)

1. Study Designs and Populations

The included studies span diverse cross-cultural and comparative designs involving nurses and nursing students from **Europe, Asia, the Middle East, and the Americas**, reflecting a broad methodological scope for evaluating cultural influences on nursing.

Sample sizes ranged from small qualitative cohorts (e.g., Jun et al., 2022, n = 43) to large multinational surveys (e.g., De Baetselier et al., 2025, n = 3953). Participants were predominantly female nurses, consistent with the global gender distribution in the nursing profession.

2. Cultural Contexts and Study Objectives

Cultural comparison focused on work environment, professional recognition, burnout, and cultural competence.

Most studies aimed to identify **cross-country similarities and differences** to inform education, policy, or professional development.

Jun et al. (2022) compared Korean and U.S. nurses' early COVID-19 experiences, whereas **Ribeiro et al. (2024)** and **De Baetselier et al. (2025)** assessed systemic and societal factors influencing nursing practice across European and Latin American contexts.

3. Key Findings and Quantitative Outcomes

- **Cultural Competence:**
  - **Osmancevic et al. (2023)** found moderate–high competence (mean = 3.89 ± 0.48).
  - **Červený & Tóthová (2024)** reported significant improvement among nurses receiving diversity training ($p < 0.05$).
  - **Sagarra-Romero et al. (2024)** observed high intercultural sensitivity but moderate competence; **no significant differences by study year**.
  - **Ličen & Prosen (2023)** found that 56% of Slovenian students self-rated high competence, but objective CCATool scores were lower ($p < 0.005$).
- **Professional Environment and Recognition:**
  - **Ribeiro et al. (2024)** showed differences between Portugal and Brazil: Structure and Outcome scored higher in Brazil, Process higher in Portugal ($p < 0.05$).
  - **De Baetselier et al. (2025)** reported that 54% of nurses perceived **low professional recognition**, with public prestige scores averaging 7.2/10 (Portugal 7.5; Norway 5.8).
- **Burnout and Emotional Impact:**
  - **Özlü et al. (2017)** found Turkish nurses had higher emotional exhaustion (mean = 26.3 ± 5.7) and depersonalization ($p < 0.05$) than Iranian nurses.
  - **Jun et al. (2022)** identified four qualitative themes—fear, resilience, uncharted territory, and perceived disposability—shared cross-culturally.
- **Education and Training Effects:**
  - **Kaihlanen et al. (2019)** reported nurses valued training that enhanced self-awareness and cultural reflection; 90% agreed it improved patient interactions.
  - **Labrague et al. (2019)** (n = 1383) found gender ($\beta = .301$, $p < .001$) and institutional type ($\beta = –.339$, $p = .001$) influenced evidence-based practice competence.

4. Overall Interpretation

Across 11 studies, **culture significantly shapes nursing practice** through educational background, social values, and healthcare system norms. Consistent trends indicate that **exposure to multicultural settings, diversity training, and supportive institutional culture** enhance competence and professional satisfaction.
However, structural inequities and varying societal recognition continue to limit nursing advancement globally.

Table (1): Characteristics and Main Findings of Included Studies

Study	Country/ Region	Design	Sample (n)	Focus	Key Findings	Cultural/Statistical Outcomes
Jun et al. (2022)	Korea & U.S.	Qualitative descriptive	43	COVID-19 experiences	Shared fear & resilience themes; Korean nurses provided less direct care	4 themes; both countries felt organizational abandonment
Ribeiro et al. (2024)	Portugal & Brazil	Cross-sectional	582	Practice environment	Structure & Outcome higher in Brazil; Process higher in Portugal	$p < 0.05$ differences; nurses urged for continuous training
Červený & Tóthová (2024)	Slovakia & Czech Rep.	Cross-sectional	424	Cultural competence	Training → higher competence; most lacked prior training	$p < 0.05$ association with training
De Baetselier et al. (2025)	9 European countries	Cross-sectional	3953	Professional recognition	54% low recognition; public prestige 7.2/10 (Portugal 7.5, Norway 5.8)	Work env. & motivation predicted 33% variance in recognition
Özlü et al. (2017)	Turkey & Iran	Descriptive	179	Burnout	Turkey: higher emotional exhaustion (26.3 ±	$p < .05$ for EE and PA differences

					5.7, $p < .05$); Iran: higher personal accomplishment	
Osmancevic et al. (2023)	Austria	Cross-sectional	~881	Cultural competence	Mean = 3.89 ± 0.48; training and education significant predictors	$F(6, 875) = 18.97$, $p < .0001$
Labrague et al. (2019)	India, Saudi Arabia, Nigeria, Oman	Cross-sectional	1383 students	EBP competence	Gender ($\beta = .301$, $p < .001$); institution type ($\beta = –.339$, $p = .001$) → EBP competence	$F = 24.437$, $p < .001$ cross-country
Kaihlanen et al. (2019)	Finland	Qualitative	20	Cultural training	Increased self-awareness and respect for diversity in 90% of participants	3 themes: general, personal, patient utility
Sagarra-Romero et al. (2024)	Europe (4 universities)	Cross-sectional	168 students	Cultural competence & sensitivity	High sensitivity, moderate competence; no year differences	No significant curricular effect
Dobrowolska et al. (2020)	15 European countries	Survey	591 ICU nurses	Cultural competence	Highest in awareness (M = 5.09 ± 0.76), lowest in communication (M = 3.26 ± 0.94)	Language skills ↑ scores (all subscales except practice orientation)

Ličen & Prosen (2023)	Slovenia	Cross-sectional pilot	180 students	Curriculum evaluation	High self-rated competence; objective scores lower ($p < .005$) – more training needed	$p = 0.002$ for "Cultural Knowledge" differences by abroad experience

5. Summary of Patterns

Across settings, **training exposure**, **language proficiency**, and **supportive work environments** strongly correlated with higher cultural competence and job satisfaction ($\beta \approx .30 – .45$).

Conversely, lack of recognition and emotional exhaustion correlated with poorer outcomes ($p < .05$).

Evidence suggests that **nurses in multicultural or international contexts demonstrate better adaptability and competence**, emphasizing the importance of cross-cultural education and organizational support.

DISCUSSION

The findings of this systematic review underscore the central role of culture in shaping nursing practice and identity worldwide. Across the 11 studies analyzed, cultural context emerged as a decisive factor influencing competence, communication, and professional satisfaction. Nurses practicing in multicultural or international settings exhibited higher adaptability but also faced increased emotional and organizational strain, reflecting global variations in healthcare values and systems (Jun, Park, & Rosemberg, 2022).

Cultural competence is not a static trait but a dynamic construct that develops through continuous education and reflective practice. Educational interventions, as highlighted by **Tartari et al. (2025)** and **Ličen and Prosen (2023)**, significantly enhance self-awareness and cultural sensitivity. Longitudinal evidence demonstrates that structured transcultural curricula contribute to improved empathy and self-efficacy, particularly when experiential learning is incorporated.

Comparative studies reveal that nurses' ability to deliver culturally competent care correlates strongly with organizational culture and national healthcare priorities. In the **Portugal–Brazil comparison by Ribeiro et al. (2024)**, differences in nursing practice environments reflected systemic variations—Brazilian nurses rated structural and outcome dimensions higher, whereas Portuguese nurses rated process components more favorably. This illustrates how local policy frameworks influence the enactment of professional roles and satisfaction.

Professional recognition and societal perception also vary considerably across countries. **De Baetselier et al. (2025)** found that more than half of European nurses reported low professional recognition, despite generally high public esteem. These findings parallel broader cross-national disparities in nurses' autonomy and visibility, suggesting that cultural and institutional factors jointly shape professional identity and motivation.

At the individual level, **Osmancevic, Großschädl, and Lohrmann (2023)** demonstrated that cultural diversity training and education were significant predictors of higher competence scores. Similarly, **Červený and Tóthová (2024)** observed that nurses who had participated in cultural diversity training displayed significantly higher cultural competence levels ($p < .05$). These studies affirm that structured training interventions are essential for fostering intercultural awareness.

Organizational integration of culturally and linguistically diverse nurses remains a persistent challenge. **Joensuu et al. (2024)** identified systemic barriers such as limited mentorship, communication difficulties, and lack of policy support that impede full inclusion. These challenges underscore the need for organizational strategies that value multicultural contributions and promote equity within healthcare teams.

Intercultural communication between nurses and patients emerged as a recurring theme influencing care quality. According to **Ramos-Roure et al. (2024)**, effective communication depends on mutual understanding of cultural norms related to empathy, privacy, and autonomy. Miscommunication can exacerbate patient anxiety and reduce adherence, underscoring the need for culturally responsive communication models in nursing education.

The role of nurse educators is crucial in modeling and transmitting cultural awareness. The **intercultural educator profile developed by Gradellini et al. (2024)** highlights competencies such as reflexivity, adaptability, and openness as essential for teaching across cultures. These findings align with **Visiers-Jiménez et al. (2025)**, who reported varying cultural competence levels among European nursing faculty, reinforcing the importance of educator development for long-term systemic change.

Internationally educated nurses often navigate unique sociocultural and institutional barriers, particularly in leadership contexts. **Allen (2018)** revealed that while international nurse managers bring valuable global perspectives, they frequently encounter discrimination and limited support in adapting to U.S. management systems. This emphasizes the need for mentorship and leadership pathways that recognize the strengths of globally trained professionals.

Emotional and occupational well-being also varies across cultures. **Özlü et al. (2017)** reported that Turkish nurses experienced significantly higher emotional exhaustion compared to Iranian nurses, suggesting cultural and systemic differences in workload distribution and coping mechanisms. Cultural values regarding collectivism and social support may buffer burnout risks in certain contexts, whereas individualistic systems might exacerbate stress.

The intersection of cultural competence and empathy is further supported by **Soleimani and Yarahmadi (2023)**, who found strong associations between empathy, work engagement, and cultural awareness in critical care nurses. This correlation highlights that culturally sensitive care not only benefits patients but also enhances nurses' psychological resilience and job fulfillment.

Students' development of intercultural competence presents another layer of cultural influence. **Sagarra-Romero et al. (2024)** showed that while European nursing students exhibited high intercultural sensitivity, their overall cultural competence remained moderate. This discrepancy suggests that emotional openness alone does not ensure cultural proficiency without formal educational integration and institutional commitment.

The COVID-19 pandemic further illuminated shared vulnerabilities among nurses across cultural divides. In the comparative study by **Jun et al. (2022)**, Korean and

U.S. nurses experienced overlapping themes of fear, collective resilience, and perceived disposability. These cross-cultural parallels demonstrate that despite contextual differences, nursing solidarity transcends national boundaries in times of crisis.

Finally, cultural competence extends beyond individual practice to systemic transformation. **Lake et al. (2023)** emphasized the importance of contextually adapted tools such as the *Practice Environment Scale of the Nursing Work Index* to measure and compare work environments globally. Similarly, **Nashwan (2023)** argued that culturally responsive teaching and leadership strategies are foundational for preparing nurses to thrive in globalized healthcare systems. Collectively, these findings affirm that achieving cultural competence requires an integrated, multi-level approach encompassing education, policy, and organizational culture.

CONCLUSION

This review demonstrates that cultural context fundamentally shapes nursing practice, influencing professional identity, communication, emotional well-being, and educational outcomes. Nurses exposed to diverse environments or cultural training consistently report higher competence and empathy, leading to improved patient-centered care. The findings affirm that **transcultural education, institutional inclusivity, and supportive leadership** are pivotal in fostering sustainable global nursing standards.

Moreover, cultural competence enhances not only interpersonal relationships but also systemic equity within healthcare. Promoting cross-national collaboration, evidence-based curricula, and equitable recognition of international nurses can bridge cultural divides, improve retention, and elevate the global nursing profession's contribution to health equity.

Limitations

This systematic review was limited by its reliance on English-language publications, potentially excluding relevant research in non-English contexts. Heterogeneity in study designs and measurement instruments prevented meta-analysis, restricting quantitative generalization. Additionally, variations in cultural definitions and competence frameworks across regions may have influenced comparability. Despite these limitations, the synthesis offers a comprehensive cross-cultural perspective on nursing practice globally.

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