

SCOPING REVIEW

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Clinical Nursing WILEYStrategies for nursing care of critically ill multicultural patients:
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Abstract

Background: In society, people live in a social reality where multiculturalism is an increasingly relevant and prevalent topic in their contexts. Facing this, caring for multicultural patients in an emergency service or intensive care unit setting requires a high level of cultural competence due to the complexity, vulnerability of the patient, rapid changes in hemodynamic status, involvement of the family, their informational needs.**Objective:** To map the strategies for nursing care of critically ill multicultural patients.**Method:** A Scoping Review was conducted following the Joanna Briggs Institute's recommendations, with the research question: What are the strategies for nursing care of critically ill multicultural patients? The study was guided by PRISMA. The research was conducted through the EBSCOHost platform, SciELO, Portugal's Open Access Scientific Repository, the Virtual Health Library and a search in grey literature. This was achieved by combining the descriptors DECS/MESH: cultural competence; critical care; emergency room; intensive care; and natural words: cultural care; nurs* interventions; nurs* strategies; within the time frame from 2012 to 2024.

The study screening was performed by three independent reviewers through the reading of titles, abstracts and full texts, applying exclusion criteria. The study results were then subjected to content analysis, from which categories emerged.

Results: The selected articles highlight various strategies that contribute to the improvement of nursing care for critically ill multicultural patients, focusing on care practice and cultural diversity training for both nurses and nursing students.**Conclusion:** Nurses with cultural competence possess more knowledge and strategies to provide tailored care for multicultural critically ill patients, thereby enhancing the quality of care delivered and contributing to the humanization of healthcare.**Relevance to Clinical Practice:** Nurses need to have knowledge of existing strategies for caring for multicultural critically ill patients.**Patient or Public Contribution:** No direct patient or public contribution to the review.

KEYWORDS

cultural competence, nurses, nursing care, strategies

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1 | INTRODUCTION

Currently, the topic of multiculturalism is gaining increasing relevance due to the development of our society, driven by globalisation and increased migration. In the face of this change, it is incumbent upon all of us to recognise and value different cultures, promote inclusion, understanding and respect for diverse perspectives and cultural practices.

Portugal, according to the Immigration and Borders Service (SEF), experiences a growing, diversified and complex flow of migrants. In 2021, for the sixth consecutive year, there was a 5.6% increase in the foreign resident population, totaling 698,887 foreign citizens holding residence permits, the highest number recorded by SEF since its founding in 1976 (Estrela et al., 2021). The number of illegal immigrants not covered by official statistics should also be added to these estimates. The five nationalities with the most residents in Portugal are, in order, Brazil, the United Kingdom, Cape Verde, Romania and Ukraine. Although the official language of Brazil and Cape Verde is Portuguese, it is worth noting that due to cultural differences, several words can take on different meanings. In the particular case of Cape Verde, Creole is spoken by many people native to the country, which complicates communication. Concerning the geographic distribution by municipality, seven out of the top ten municipalities with the highest number of registered foreign citizens are part of the Lisbon metropolitan area (Estrela et al., 2021).

Lopes et al. (2008) state that the main obstacle to the integration process of foreign citizens lies in their access to healthcare services. The presence of a language barrier between healthcare professionals and patients from other countries can jeopardise the establishment of a therapeutic relationship. Untackled obstacles in the care sphere can risk patient safety, compromise the quality and safety of provided care, influence health gains, and even lead to cultural shock (Wojnicka et al., 2022).

In this sense, as Madeleine Leininger refers, it becomes crucial for nurses to deepen their knowledge of cultural diversity to provide higher-quality care to patients of various ethnicities, promoting a holistic nursing care (Tomey & Alligood, 2003). With the increasing flow of migrants, nurses must be aware of cultural differences in their nursing interventions to ensure comprehensive care and patient-centred care management, considering patient needs and their cultural background. Culture affects the perception of health, illness, treatment decisions, experiences and health care outcomes (Baratipor & Amini, 2021).

Given the growth of a transcultural society in Portugal, nurses must possess cultural competence, meaning they should have knowledge of different cultures to identify the specificities of each culture to individualise care planning. Different beliefs and values play a significant role in people's lives, often with unique aspects in each country and culture, impacting experiences and care needs. Some aspects such as eye contact, touch and silence are interpreted differently in various cultures (Vilelas & Janeiro, 2012). Furthermore, nursing practice includes providing holistic care, addressing the physical, psychological, social, emotional and spiritual needs of patients.

What does this paper contribute to the wider global community?

- "Culture and Identity": Culture shapes individual identity and influences how people perceive health, well-being, illness, and death.
- "Nurse's Mission": Providing individualized and holistic nursing care necessitates considering cultural factors.
- "Cultural Competence in Critical Care": Critical care settings require a high level of cultural competence due to the complexity and vulnerability of patients, involving their families, and addressing their informational needs.
- "Challenges Faced by Multicultural Patients": Multicultural patients seeking emergency services may feel misunderstood and face racism and judgment from healthcare professionals.
- "Strategies for Improved Nursing Care": Utilization of interpreters/bilingual nurses, nonverbal communication, and cultural diversity training workshops are vital for enhancing care for critically ill multicultural patients.
- "Training for Nurses and Nursing Students": Training programs and courses on cultural competence, including study visits, Erasmus programs, e-learning courses, and transcultural communication, help overcome language barriers and develop cultural competence among nurses and nursing students.
- "Challenges of Increasing Multicultural Patients": The rising number of multicultural patients in critical care services presents a challenge for nurses striving to provide culturally tailored, humanized care.

To provide care to a multicultural individual, nurses should consider the specificities of their spirituality and religion, as these factors influence how the person perceives the health/illness process.

It is essential for nurses to identify and address these needs to provide individualised care, which has been established as a patient right and a hallmark of nursing professional practice (Wojnicka et al., 2022).

As most nurses do not possess this knowledge, the need arises for the development of strategies to acquire cultural knowledge and competence to support differentiated care practices (Vilelas & Janeiro, 2012; Wojnicka et al., 2022). Nurses should possess a set of attributes, such as empathy, acceptance and flexibility, demonstrating respect and concern through a caring attitude to understand and appreciate each patient's cultural needs and perspectives (Vilelas & Janeiro, 2012).

In the context of critical care, particularly in Intensive Care Units and Emergency Services, multicultural patients, in addition to the complexity of their illness, face linguistic and cultural barriers that can be obstacles to expressing their condition and receiving comprehensive nursing care.

Therefore, nursing teams are required to have high cultural competence in providing care to these patients, in favour of humanising care (Baratipor & Amini, 2021; Dobrowolska et al., 2020). When nurses provide culturally competent care, they help ensure patient satisfaction and consequently achieve health gains (Baratipor & Amini, 2021).

In this sense, as no literature review on this topic was found, a scoping review was conducted to map the scientific evidence on strategies for nursing care of critically ill multicultural patients.

2 | MATERIALS AND METHODS

A Scoping Review was conducted following the Joanna Briggs Institute's recommendations (Peters et al., 2020). The development of the study was guided by PRISMA, which is recommended for systematic reviews, according to the Guidelines for reporting parallel group randomised trials (Equator Network, n.d.). To conduct the study, the following research question was defined: What are the strategies for nursing care of critically ill multicultural patients? The PCC acronym was applied to guide the methodological approach, with Participants (P): nurses and nursing students; Concept (C): strategies for nursing care of critically ill multicultural patients; Context (C): Critical Care (Emergency Room and Intensive Care). A first survey was conducted in February 2023 and updated in March 2024 using the EBSCOHost search engine: CINHAL Complete; MEDLINE Complete; Nursing & Allied Health Collection: Comprehensive; Cochrane Central Register of Controlled Trials; Cochrane Methodology Register; Library Information Science & Technology Abstracts; MedicLatina, SciELO, Portugal's Open Access Scientific Repository (RCAAP), Virtual Health Library (BVS) and gray literature search. The search in grey literature was conducted through Google Scholar and institutional repositories. Considering the evolution of the topic over the years, the research was conducted between January 2012 and January 2024. This was achieved by combining the descriptors DECS/MESH: cultural competence; critical care; emergency room; intensive care; and natural words: cultural care; nurs* interventions; nurs* strategies; using the boolean operator "AND" interspersed with the boolean operator "OR". The following search equation was defined: [(TI cultural care) OR (AB cultural care) OR (SU cultural care) OR (TI cultural competence) OR (AB cultural competence) OR (SU cultural competence)] AND [(TI nurs* interventions) OR (AB nurs* interventions) OR (SU nurs* interventions) OR (TI nurs* strategies) OR (AB nurs* strategies) OR (SU nurs* strategies)] AND [(TI critical care) OR (AB critical care) OR (SU critical care) OR (TI emergency room) OR (AB emergency room) OR (SU emergency room) OR (TI intensive care) OR (AB intensive care) OR (SU intensive care)].

Inclusion criteria applied were articles available in full-text and free of charge, published in Portuguese, English and Spanish; articles published in the last 12 years; and articles that presented strategies for nursing care of critically ill multicultural patients in the context

of critical care (Emergency Room and Intensive Care). Exclusion criteria were defined as: articles whose intervention context includes inpatient services, paediatric units and primary healthcare units. The selection of articles was performed after reading the title, followed by the abstract, and finally, the full text of the obtained articles, selecting those that addressed the research question.

The identified articles were fully analysed by three independent reviewers. Discrepancies were resolved through conference and consensus among peers. The extracted data were documented in a tool specifically constructed for this purpose, including information about the articles, objectives, methodological aspects and conclusions.

After the extraction of results, an analysis and categorization were carried out according to Bardin (2016). This involved establishing a semantic relationship among the identified terms to identify categories and subcategories (Figure 1).

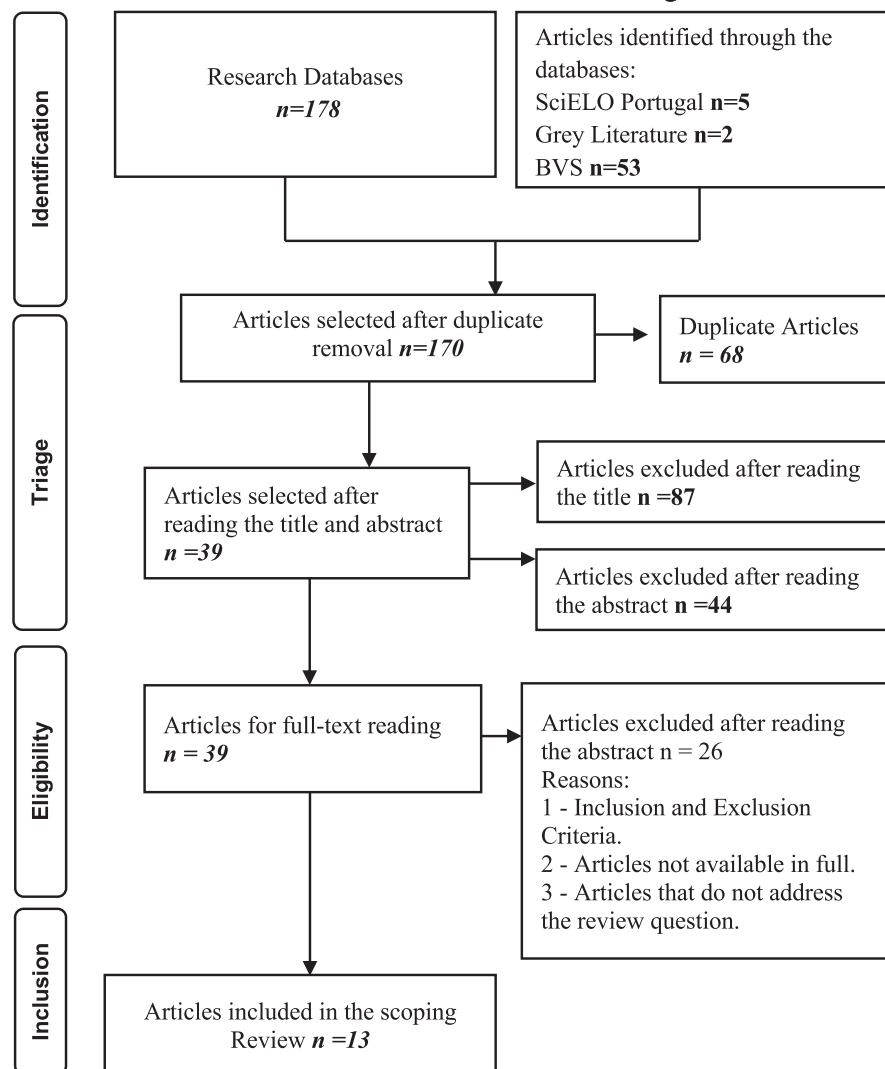
3 | RESULTS

From the research conducted in the mentioned databases, an initial sample of 238 articles emerged. After applying the inclusion and exclusion criteria, the titles of the articles were read, resulting in a total of 87 articles. After reading the abstracts, 44 articles remained, and only 39 were selected for full-text reading. After the full-text reading, only 13 articles provided an answer to the defined research question. This selection process is represented in Table 1.

The level of evidence (LOE) of the studies was classified according to the Joanna Briggs Institute (The Joanna Briggs Institute, 2013) proposal, categorised from one (1) to five (5).

The results found meaning in various categories that we synthesised: (a) care practices, which include: (a.1) interpreters/bilingual nurses (Chang et al., 2019; Coleman & Angosta, 2016; Listerfeldt et al., 2019), (a.2) family, friends or bilingual staff (Chang et al., 2019; Coleman & Angosta, 2016; Listerfeldt et al., 2019) and (a.3) non-verbal communication (Listerfeldt et al., 2019); (b) training on cultural diversity, which includes: (b.1) training on cultural diversity for nurses: (b.1.1) cultural diversity training initiatives (Castaneda-Guarderas et al., 2016; Keer et al., 2015; Listerfeldt et al., 2019), (b.1.2) cultural competence training programs (Castaneda-Guarderas et al., 2016; Coleman & Angosta, 2016; Dobrowolska et al., 2020; Listerfeldt et al., 2019; Soleimani & Yarahmadi, 2023). and (b.1.3) cross-cultural communication training (Vilelas & Janeiro, 2012); as well as (b.2) training on cultural diversity for nursing students, which includes: (b.2.1) introduction of foreign language and sign language in undergraduate courses (Vilelas & Janeiro, 2012), (b.2.2) E-learning courses available in English and/or other languages (Coleman & Angosta, 2016; Listerfeldt et al., 2019), (b.2.3) study visits and erasmus programs (Dobrowolska et al., 2020; Listerfeldt et al., 2019; Wojnicka et al., 2022) and (b.2.4) cultural competence training programs for nursing students (Dobrowolska et al., 2020; Kula et al., 2021; Soleimani & Yarahmadi, 2023).

FIGURE 1 PRISMA diagram for article selection.



4 | DISCUSSION

There are characteristics that attribute cultural competence to nurses, such as speaking a second language, travelling to other countries and living in culturally diverse environments, as these positively influence cultural awareness and sensitivity (Dobrowolska et al., 2020; Soleimani & Yarahmadi, 2023; Wojnicka et al., 2022). However, the literature highlights several strategies that contribute to the improvement of nursing care for critically ill multicultural patients, which are related to care practices and training on cultural diversity for both nurses and nursing students.

(a) Care practices

A higher level of cultural awareness and sensitivity among nurses working in intensive care units comes from their experiences with culturally diverse patients (Wojnicka et al., 2022) and the adoption of communication-facilitating strategies with critically ill multicultural patients. These strategies involve the use of interpreters/bilingual nurses, family members or friends and non-verbal communication.

(a.1) Interpreters/bilingual nurses

In urgent situations where the patient does not speak the official/native language, effective communication requires the use of

professional interpreters with linguistic, cultural, and medical terminology competence (Listerfeldt et al., 2019). The interpreters must be highly qualified and trained, self-aware, responsible and approach the translation in a collaborative and transparent manner.

Professional interpreters should accompany the patient throughout their hospital stay to facilitate communication and maintain the essence of the therapeutic relationship (Coleman & Angosta, 2016). In the absence of professional interpreters, telephonic interpretation is sometimes used, although it is considered both positive and negative due to potential limitations and lack of in-person presence (Coleman & Angosta, 2016).

In situations where professional interpreters are not available, bilingual nurses who speak the patient's language can also facilitate communication (Chang et al., 2019).

(a.2) Family, friends or bilingual staff

In emergency situations, when immediate communication is needed, and a bilingual nurse is not present, family members, friends or other bilingual staff can be used to relay important information (Chang et al., 2019). However, such information should be verified as soon as possible with a professional interpreter to ensure accuracy (Coleman & Angosta, 2016).

TABLE 1 Synthesis of information extracted from the studies.

Author(s), year of publication, country	Objective	Method (study type/ population/LE)	Results
Vilelas and Janeiro (2012), Portugal	To assess the necessary changes for the promotion of multicultural nursing	-A qualitative study -Population numbers are not provided; -LE: 5b	-Frequency of participation by nurses in personal development programs. This allows them to develop awareness of their own cultural values/beliefs and learn to accept cultural differences in healthcare. -Frequency of participation by nurses in training sessions on cultural diversity, intercultural communication and strategies for developing cultural competence that enables them to recognise and value cultural differences. -Education and training in cultural diversity-nursing courses' training plans should include content related to culturally congruent care, cultural diversity training sessions and the introduction of foreign languages such as English and/or sign language
Keer et al. (2015) Belgium	To investigate the factors contributing to conflicts between healthcare professionals and family members of minority ethnic groups in an intensive care unit in Belgium	-A qualitative ethnographic study. Questionnaires were administered to 80 nurses in an intensive care unit in Belgium; -LE: 4c	-Frequency of cultural competence training programs among healthcare professionals to promote increased intercultural awareness, knowledge and communication skills of healthcare providers
Castaneda-Guarderas et al. (2016), USA	Empower vulnerable populations for a better understanding of treatment options according to their needs when they are present in the emergency department	-A qualitative study -Population numbers are not provided; -LE: 5a	-Implementation of cultural competence training programs for healthcare professionals working in emergency departments. -Implementation of foreign language courses in the nursing curriculum. -Implementation of training sessions on different cultures and customs, as well as how diverse cultures experience changes in health and illness. -Utilisation of professional interpreters in emergency departments when patients do not speak the official language of the country
Coleman & Angosta, (2016) USA	"To explore the experiences of nurses working in the intensive care units (ICUs) in providing care to patients and families with limited proficiency in the English language."	-A qualitative exploratory study using a Phenomenological approach Interviews were conducted with 40 nurses from a hospital in the western United States; -LE: 4c	-Encouragement of cultural competence courses in undergraduate nursing programs -Encouragement for healthcare professionals to request a professional interpreter (available 24/7) whenever a foreign patient arrives at the facility, with the interpreter accompanying the patient throughout their hospitalisation, fostering a bond with them. -Utilisation of phone calls with professional interpreters whenever their physical presence is not possible, especially in cases of language barriers between nurses and patients. -Use of translation apps or pre-translated documents in different languages to facilitate nurse-patient communication
Leclerc et al, (2019) Canada	To identify nursing practices of emergency department nurses in caring for patients from other nationalities	-A descriptive and quantitative study. The study involved 30 non-indigenous nurses from three emergency departments in Quebec -LE: 4c	-Implementation of cultural competence training courses in nursing schools, promoting the development of cultural awareness and improving the quality of care provided through case studies involving patients from different nationalities -Regular participation of nurses in training sessions on cultural diversity, which enhances their knowledge about various cultures, customs and communication in an intercultural context -Regular participation of nursing students in cultural safety training programs, including observation and practical case studies, to foster an improvement in the quality of care provided to multicultural patients

TABLE 1 (Continued)

Author(s), year of publication, country	Objective	Method (study type/ population/LE)	Results
Chang, Hutchinson and Gullick (2019) Australia	To understand the experiences of bilingual or multilingual nurses who are requested to act as interpreters in the emergency department	-A qualitative study. Audio recording of semi-structured interviews conducted with 12 nurses (representing 12 languages) from two emergency departments in two hospitals in Australia. -LE: 4c	-Utilisation of bilingual nurses to establish effective communication with foreign patients with limited proficiency in both English and their native language, thereby contributing to patient safety in the emergency department
Listerfeldt, Fridh, & Lindahl, 2019 Sweden	To explore the experiences of nurses in providing care to culturally diverse patients admitted to the Intensive Care Unit (ICU)	-A qualitative study using focus group interviews and qualitative content analysis; -nurses – 15 -LE: 4c	-Frequency of cultural development programs in nursing schools, such as e-learning courses on cultural diversity, available in English and/or other languages, and participation in ERASMUS programs -Use of professional interpreters, family interpreters, or friends by nurses when professional interpreters are not available -Utilisation of communication strategies based on improvisation and innovation through adapted sign language
Dobrowolska et al. (2020) Poland	To determine the level of cultural competence among nurses in the Intensive Care Units.	-A cross-sectional study employing descriptive and correlational analysis; -nurses – 591 -LE: 4b	-Frequency of nursing students and nurses' participation in personal development programs to promote awareness of their cultural values/beliefs and to accept cultural differences. -Implementation of nursing student mobility programs, such as ERASMUS programs.
Kula, Cohen, Clempert, Cohen, & Slobodin, 2021 Israel	To evaluate the effectiveness of online intervention programs in increasing the cultural competence of nursing students in emergency situations	Randomised Controlled Trial. -72 nursing students were divided in a 1:1 ratio, with 34 participants in the intervention group and 38 participants in the control group -LE: 1.c	-Frequency of cultural competence training programs for nursing students, delivered by professionals from diverse backgrounds—the programs should include sharing experiences from faculty and participants through short films, recordings, lectures by cultural competence experts, and segments of recorded interviews that promote sensitive and empathetic attitudes among nursing students, thus enhancing their cultural competence. The programs may include active participation such as student presentations, classroom discussions and simulations -This study states that the intervention group gained more knowledge in the field of cultural competence for multicultural patients in emergency services after attending training that included the theme of cultural diversity, compared to the control group where the training did not include the theme of cultural diversity. Cultural competence was neglected in the care of multicultural patients in the emergency service context for the control group
Baratipor and Amini (2021) Iran	To investigate how cultural intelligence correlates with the communication skills and social interactions of healthcare professionals with patients from different cultures in the emergency department.	-A cross-sectional study. -197 nurses from the emergency departments of three hospitals. -LE: 4b.	-Implementation of cultural competence courses in hospitals to increase the level of cultural intelligence among nurses and enhance intercultural communication skills. -Encouragement for providing care to patients from different cultures as a way to gain cultural competence.

(Continues)

TABLE 1 (Continued)

Author(s), year of publication, country	Objective	Method (study type/ population/LE)	Results
Majda, Cupak, Puchala, & Barzykowski, 2021, Poland	To measure and evaluate the cultural competencies and cultural intelligence of healthcare professionals in the emergency departments	-A mixed-methods study. -A mixed-methods study, involving the application of three types of questionnaires, conducted with 709 healthcare professionals, including 363 nurses; -LE: 2c	-Implementation of cultural competence training courses in undergraduate or postgraduate nursing programs to enhance understanding and communication with patients from other nationalities. -Providing necessary documents for multicultural patients in the emergency department, translated into multiple languages
Wojnicka et al. (2022), Europe	To analyse the educational needs of European intensive care nurses regarding multicultural care	-A mixed-methods study, involving the administration of an online questionnaire in 15 European countries to 591 nurses. -nurses – 591; -LE 2 c	-Frequency of nursing students participating in practical multicultural training programs, such as engaging in culturally diverse environments through study visits or taking part in ERASMUS programs that enhance cultural competence through interactions with different cultures
Soleimani and Yarahmadi (2023) Iran	To determine the determining factors of cultural competence among intensive care nurses, as well as to understand the level of cultural competence of nurses	-Descriptive and cross-sectional study. -Convenience sampling involving 153 intensive care nurses from three hospitals in Iran. -LE: 4c	-Implementing cultural competence training programs in nursing undergraduate degrees. -Implement cultural competence training programs for nurses. -Frequency of master's degree courses in nursing for acquiring cultural competence

Using family members as interpreters raises ethical concerns since they may be emotionally involved and provide inaccurate interpretations under stress. Moreover, some cultural terms may be avoided in communication, potentially affecting the patient's autonomy and decision-making (Chang et al., 2019; Listerfeldt et al., 2019).

(a.3) Non-verbal communication

To mitigate language barriers, nurses often resort to improvisation and innovation in communication, using facial expressions, body language, drawings and images (Listerfeldt et al., 2019).

(b) Training on cultural diversity

(b.1) Training on cultural diversity for nurses

(b.1.1) Cultural diversity training initiatives

Training on cultural diversity is essential for nurses to develop cultural competence. It helps increase their intercultural awareness, enabling them to recognise and value cultural differences in patients' values, beliefs and customs (Keer et al., 2015; Castaneda-Guarderas et al., 2016; Leclerc et al., 2019). Cultural competence training programs in hospitals are recommended to sensitise nurses to the different cultures of patients and their families, especially in the context of language barriers (Castaneda-Guarderas et al., 2016; Coleman & Angosta, 2016; Dobrowolska et al., 2020; Listerfeldt et al., 2019).

Soleimani and Yarahmadi (2023) state that nurses with master's degree courses demonstrate more cultural competence due to their training compared to nurses with bachelor's degrees.

(b.1.2) Cultural competence training programs

In addition to increasing cultural competence, these hospital-based cultural competence courses also aim to improve nurses'

cultural intelligence and intercultural communication skills, which are crucial for establishing therapeutic relationships with multicultural patients and their families (Baratipor & Amini, 2021).

(b.1.3) Cross-cultural communication training

Language barriers are a significant challenge for culturally diverse patients in healthcare settings. Therefore, implementing training programs in transcultural communication in hospitals is vital (Vilelas & Janeiro, 2012). While nurses may not become fluent in various languages after such courses, they can better understand some meanings, leading to culturally competent nursing care.

Beyond the aforementioned strategies, it is important to emphasise the significance of nurses' introspective ability, as it is crucial for nurses to understand their own cultural values, attitudes, beliefs and practices acquired within their own families. Only after this process can they be capable of learning about other cultural aspects, accepting different cultural beliefs and practices (Vilelas & Janeiro, 2012). As such, Majda et al. (2021) point out that nurses do not need to memorise the various customs, beliefs, or rules of different cultures to provide culturally congruent care. They emphasise that the key to developing cultural competence and cultural intelligence lies in demonstrating respect, sensitivity, composure, impartiality, honesty, insight, curiosity, tolerance, and a positive attitude when caring for patients from other cultures.

(b.2) Training on cultural diversity for nursing students

(b.2.1) Introduction of foreign language and sign language in undergraduate courses

In addition to the importance of education and training in cultural diversity within the training plans of nursing courses, Vilelas

and Janeiro (2012) emphasise the significance of introducing a foreign language, such as English, and/or sign language in undergraduate courses. This is done to provide more culturally congruent nursing care to patients from other countries.

(b.2.2) E-learning courses available in English and/or other languages

Cultural competence among nursing students can also be developed through training courses, including e-learning programs in English or other languages (Coleman & Angosta, 2016; Listerfeldt et al., 2019).

(b.2.3) Study visits and Erasmus programs

To develop cultural competence, nursing students should be exposed to culturally diverse environments through study visits or participation in programs such as Erasmus, allowing them to interact with different cultures (Dobrowolska et al., 2020; Listerfeldt et al., 2019; Wojnicka et al., 2022).

(b.2.4) Cultural competence training programs for nursing students

Since cultural knowledge can be attained through cultural competence training in nursing undergraduate courses, Soleimani and Yarahmadi (2023) emphasise the need for continuous training opportunities to enhance the cultural competence of nursing students.

Training programs on cultural competence should be designed to bridge language barriers and may include active participation, such as student presentations, classroom discussions and simulations (Kula et al., 2021). Sharing experiences among students and faculty members can promote sensitive and empathetic attitudes while increasing cultural competence (Kula et al., 2021).

For cultural competence, exposure to practical case studies during nursing school, rooted in the experiences of nurses caring for culturally diverse patients, is recommended (Leclerc et al., 2019).

In addition to cultural competence, nursing students with cultural intelligence are highly valued, as these two attributes are essential for the nursing profession, especially when providing care in situations of fear and vulnerability (Majda et al., 2021).

5 | CONCLUSIONS

Culture has a significant impact on each of us as it defines our identity and how we relate to others. It shapes our perceptions of health, well-being, illness and death. If the nurse's mission is to provide individualised and holistic nursing care, culture cannot be ignored.

Caring for multicultural patients in the critical care setting requires a high level of cultural competence due to the complexity and vulnerability of the patients, the involvement of their families, and their informational needs. Many patients who seek emergency services feel that their needs are not understood, and they may experience racism and professional judgement from healthcare professionals.

The strategies that contribute to the improvement of nursing care for critically ill multicultural patients are primarily related to the

practice of care using interpreters/bilingual nurses, family members, friends or bilingual staff. When these resources are not available, nonverbal communication can be employed. Another strategy that enhances care is providing training on cultural diversity for nurses through workshops, training programs and transcultural communication courses. Similar training should be given to nursing students, involving study visits, Erasmus programs, e-learning courses in English and/or other languages, and cultural competence training programs to overcome language barriers. All these strategies are crucial for developing cultural competence and providing care to critically ill multicultural patients.

The increasing number of multicultural patients in critical care services poses a challenge for nurses who aim to provide humanised care tailored to the cultural needs of each patient.

6 | LIMITATIONS

One of the major limitations was related to the study's context. Existing studies, for the most part, focus on nursing interventions for multicultural patients in various contexts and not specifically in critical care settings (Emergency Services and Intensive Care Units). Another limitation was the unavailability of many articles in full, and some required payment.

7 | RELEVANCE TO CLINICAL PRACTICE

Nurses, by acquiring more knowledge and strategies for caring for multicultural critically ill patients, improve the quality of care provided as well as the satisfaction of the patient and their family who seek healthcare services in a foreign country. This, in turn, influences health outcomes.

Nurses with a heightened awareness of cultural differences can reflect this understanding in their nursing interventions, ensuring patient-centered care that respects the individual needs and cultural background of the patient. Each culture has its own perception of health, illness, treatment decisions, experiences, and healthcare outcomes.

When nurses provide culturally competent care through the acquired strategies, they help ensure patient and family satisfaction, ultimately contributing to positive health outcomes.

8 | FUTURE RECOMMENDATIONS

We suggest conducting comparative studies on the effectiveness of strategies used by nurses for multicultural critically ill patients in different contexts. Additionally, validating strategies that promote culturally congruent care for critically ill patients is recommended.

FUNDING INFORMATION

None.

CONFLICT OF INTEREST STATEMENT

None.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are openly available in zenodo at <https://zenodo.org/records/10829123?token=eyJhbGciOiJIUzUxMiJ9.eyJpZCI6ImQ3N2lWZmUtNDNmNi1hMzI3LTQzMmQyMzI0NTNmNSlmlRhdGEiOnt9LCJyYW5kb20iOiIi2MzlmNzFmYjJiMDVhNDUzMGMwYTZkY2QyY2NiOGQ5ZS9J.krDZQH4nQ2OUckXxID1x8TUmSjXEafn08Zpcm1Gd4GDI32p0CSjj0LaaSBA>.

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SUPPORTING INFORMATION

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