

REVIEW OF THE LITERATURE



Bridging Cultures in Care: A Narrative Review of Strategies for Internationally Educated Nurses to Navigate End-of-Life Practices in Host Countries

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Abstract:

Internationally Educated Nurses are an important part of the global nursing workforce, particularly in countries experiencing nursing shortages. Internationally Educated Nurses contribute substantially to delivering end-of-life care, bringing diverse cultural perspectives and experiences that can enhance patient outcomes. Cultural sensitivity is crucial in end-of-life settings to ensure that patients' values, beliefs, and preferences are respected, ultimately improving the quality of care. This narrative review aims to explore how Internationally Educated Nurses can effectively navigate end-of-life care to align with the standard expectations and practices of their host countries. A comprehensive search was conducted using PubMed, CINAHL, and PsycINFO. Articles (n=100) were uploaded to Zotero. After two rounds of review, five (n=5) articles were included in the final dataset. The narrative review revealed four major themes: 1) Cultural Competence and Integration; 2) Communication Barriers and Strategies; 3) Education and Training; and 4) Ethical Considerations in End-of-Life Care. This review illustrates that Internationally Educated Nurses face various challenges adapting to the cultural, linguistic, and ethical demands of end-of-life care in their host countries. However, cultural competence and communication proficiency can be achieved with education, training, and support to deliver high-quality, culturally sensitive care.

Keywords: Communication, Culture, End-of-life, Ethics, Internationally Educated Nurses, Narrative Review.

Introduction

Internationally Educated Nurses (IENs) are an important part of the global nursing workforce, particularly in countries experiencing nursing shortages. These professionals are trained in their home countries and migrate to work in healthcare systems abroad. The global number of IENs continues to rise, reflecting the increasing mobility of healthcare professionals across borders (Shaffer et al., 2022). Around 20 million people worldwide require some form of EOL care. IENs play a crucial role in supporting this population (Huffman & Harmer, 2023).

End-of-life (EOL) care is a critical component of healthcare, focusing on providing comfort and support to individuals in the final stages of life. It encompasses physical, emotional, social, mental, and spiritual care to ensure that patients experience dignity and peace as they approach death (Shaffer et al., 2022). EOL care can vary based on an individual's preferences, needs, and personal choices. Delivering high-quality EOL care requires a multidisciplinary approach involving a range of healthcare professionals, including physicians, social workers, and, notably, nurses.

IENs contribute to the delivery of EOL care, bringing diverse cultural perspectives and experiences that can enhance patient outcomes. Culture influences healthcare, including EOL care (Wong et al., 2022). IENs have demonstrated cross-cultural competence, using their shared experiences to inform and enhance their understanding of cross-cultural practices and care provision (Njie-Mokonya, 2016). Respecting clients' cultural beliefs and values can benefit families, healthcare professionals, and the healthcare system (Nayfeh et al., 2019). However, IENs face unique challenges in delivering quality care, primarily due to differences in communication styles, cultural practices, and ethical standards between their home and host countries (Balante et al., 2021). These challenges can hinder their ability to align with the host countries' standard expectations and practices, potentially impacting the quality of EOL care provided. For instance, cultural differences can influence how death and dying are perceived and managed, potentially leading to conflicts or misunderstandings in the care of patients from diverse backgrounds. Additionally, language barriers may hinder effective communication with

patients, families, and colleagues, further complicating the provision of compassionate and culturally sensitive care.

To effectively navigate these challenges, IENs must develop strategies to align their practices with the expectations and standards of EOL care in their host countries. This includes understanding the cultural nuances of death and dying, enhancing communication skills to overcome language barriers, and adhering to the ethical guidelines that govern EOL care in the death ritual domain in their new environments (Purnell, 2019). Culturally sensitive care is crucial in EOL settings. It ensures that patients' values, beliefs, and preferences are respected, ultimately improving the quality of care. Despite the growing presence of IENs in global healthcare systems, there is limited understanding of how they adapt to these standards and practices and the strategies they use to overcome barriers. This gap highlights the need for a comprehensive exploration of how IENs develop cultural competence, enhance communication skills, and adhere to ethical principles to provide high-quality, culturally sensitive EOL care.

Purpose

This narrative review explores how IENs navigate EOL care to align with their host countries' standard expectations and practices. It emphasizes the importance of cultural competence, communication proficiency, and ethical adherence. By understanding and implementing these strategies, IENs can provide high-quality, culturally sensitive care that aligns with their host countries' standard practices.

Methods

A comprehensive narrative review was conducted using three online databases: PubMed, CINAHL, and PsycINFO. The selected databases were deemed sufficient to capture high-quality, peer-reviewed studies aligned with the review's purpose. The initial search was performed in PubMed using the following keywords: (((end of life care OR dying OR terminal care OR life-threatening illness care OR hospice care OR death and dying OR advanced care planning OR do not resuscitate orders) AND (Internationally educated nurse* OR IEN OR migrant nurse* OR immigrant nurse* OR foreign nurse*)) AND (Cultural sensitivity OR cultural

awareness OR cultural competence OR cultural intelligence OR cultural differences OR cultural responsiveness OR diversity sensitivity OR multicultural awareness OR ethnic sensitivity)) AND (Language OR communication OR accent OR expression OR dialect OR linguistics) AND (Ethical challenge* OR ethical dilemma* OR moral dilemma* OR ethical issue* OR moral conflict* OR ethical problem* OR moral complexit* OR ethical uncertain*).

Following the initial search in PubMed, the search was extended to CINAHL and PsycINFO using tailored search strings that conformed to each database's specific requirements. A health sciences reference librarian was consulted to validate the keywords and search strategies. Most database searches were conducted between October 2023 and March 2024.

One researcher conducted the search, which identified 100 articles. The articles were uploaded into Zotero, where 12 duplicate entries were identified and removed. In the first round of reviews, the researchers screened the titles and abstracts of the remaining articles (n=88). Seventy-one articles were excluded because these articles did not address EOL care practices, cultural norms, beliefs or religion, communication accents or language, ethical challenges/dilemmas, and/or EOL outcomes. Two researchers, working independently, completed the second round of full-text review. Each researcher reviewed the remaining articles (n=17). Any discrepancies were discussed and resolved through consensus, resulting in the exclusion of 14 articles. Three articles (n=3) and two additional articles located through the reference list in another article were included in the final data set (n=5). The search was not limited to specific dates, resulting in an initial range of articles published between 1993 and 2024. A summary of the selected reviewed studies (Table 1) presents a detailed descriptive summary of five selected articles, covering key areas such as Author(s)/Year, Study Aims, Country (Host/Origin), Method, Study Setting, Participant/Sample Size, Findings, and Strengths & Limitations.

The PRISMA Flowchart (Figure 1) illustrates the article inclusion process. The following steps were included to minimize bias. The data analysis process involved a thematic synthesis approach to identify and develop the key themes presented in the manuscript. The researchers

independently read and re-read the summarized findings from the included articles (Table 1) to gain a comprehensive understanding of their content and context. From this, each researcher generated potential themes relevant to the research question. Next, the research team reviewed and discussed the proposed themes and sub-themes. The potential themes were grouped into broader categories based on similarities and relevance to EOL care practices, cultural norms, communication, ethical challenges, and other focus areas of the review. Potential themes and sub-themes were refined, merged, or separated to represent the data best and address the research question.

Results

In addressing the Research Question “to explore how IENs can effectively navigate EOL care to align with the standard expectations and practices of their host countries,” the literature review revealed four major themes: 1) Cultural Competence and Integration; 2) Communication Barriers and Strategies; 3) Education and Training; and 4) Ethical Considerations in EOL Care. Each main theme has two sub-themes that will be discussed below.

Theme 1: Cultural Competence and Integration

Cultural Competence and Integration refer to the ability to understand, respect, and effectively engage with individuals from diverse cultural backgrounds while integrating cultural perspectives into practices, policies, and interactions to foster inclusivity and collaboration (Angus et al., 2021; Livelo et al., 2018). Two sub-themes illustrate this: cultural differences and Adaptation and cultural sensitivity in patient care.

Sub-theme 1.1: Cultural Differences and Adaptation

IENTs often face challenges in adapting to the cultural norms and practices of EOL care in their host countries (Angus et al., 2021; Livelo et al., 2018). For instance, in New Zealand, IENTs experience difficulties due to their unfamiliarity with local palliative care systems (Angus et al., 2021). These challenges include understanding and integrating into the host country's specific

cultural expectations regarding patient interactions and family involvement in EOL care, which can differ markedly from those in their countries of origin.

Sub-theme 1.2: Cultural Sensitivity in Patient Care

The importance of cultural sensitivity in patient care cannot be overstated, particularly in EOL scenarios where patient and family values and beliefs influence care decisions. Angus and colleagues highlight that IENs must understand and respect their patients' diverse cultural backgrounds to provide effective EOL care (Angus et al., 2021). This cultural competence directly impacts patient satisfaction and care outcomes, as patients and their families feel more understood and respected, leading to improved overall care experiences (Angus et al., 2021; Livelio et al., 2018).

Theme 2: Communication Barriers and Strategies

Communication Barriers and Strategies addresses the obstacles that hinder effective communication between individuals or groups from diverse backgrounds and explores methods and techniques to overcome these barriers, enhancing mutual understanding and collaboration (Angus et al., 2021; Northam et al., 2015). Two sub-themes emerged, including Language Proficiency and Effective Communication Techniques.

Sub-theme 2.1: Language Proficiency

Language proficiency is a crucial barrier that IENs must overcome to provide high-quality EOL care. According to Northam et al. (2015), language barriers can hinder effective communication between nurses and patients and within the healthcare team. Proficiency in the host country's language is essential for understanding patient needs, conveying complex medical information, and facilitating clear and empathetic communication during EOL care.

Sub-theme 2.2: Effective Communication Techniques

Developing effective communication techniques is vital for IENs working in multicultural healthcare settings. Strategies to enhance interpersonal communication within a diverse

healthcare team and with patients are crucial. Angus et al. (2021), emphasize the need for tailored communication training that addresses the specific challenges faced by IENs. These strategies can include translation services, cultural mediation, and training in nonverbal communication cues, all of which can improve the quality of interactions and patient outcomes.

Theme 3: Education and Training

Education and Training focuses on developing and implementing structured learning opportunities and programs to enhance knowledge, skills, and competencies to improve individual and organizational effectiveness (Abudari et al., 2014; Angus et al., 2021; Northam et al., 2015). Continuing Education & Professional Development and Specialized Training Programs were two sub-themes that emerged.

Sub-theme 3.1: Continuing Education and Professional Development

Ongoing education and professional development are essential for IENs to build confidence and competence in EOL care practices.(Abudari et al., 2014; Angus et al., 2021). Angus et al., (2021) discussed the importance of continuous learning opportunities that focus on the unique needs of IENs, helping them to enhance their diverse skills and knowledge in providing high-quality care to older adults. This continuous professional development ensures that IENs can stay updated with best practices and adapt to the evolving standards of EOL care in their host countries.

Sub-theme 3.2: Specialized Training Programs

The Excellence in Cultural Experiential Learning and Leadership Program (EXCELL) is a higher education intervention to enhance nurses' intercultural communication skills. EXCELL program is effective in developing the intercultural communication skills of IENs (Northam et al., 2015). Northam and colleagues highlight how such programs provide a structured educational framework that enhances cultural competence, enabling nurses to manage culturally complex clinical issues, including EOL care. Integrating EOL and palliative care into ongoing nursing education for IENs could foster a more positive attitude toward this type of care (Abudari et al.,

2014). These programs are instrumental in helping IENs navigate the cultural nuances of patient care and improve their overall effectiveness in multicultural healthcare environments.

Theme 4: Ethical Considerations in EOL Care

The theme, Ethical Considerations in EOL Care, examines the moral principles and dilemmas involved in decision-making for patients nearing the end of life (Balin et al., 2024; Livelo et al., 2018). Two sub-themes were noted for this theme.

Sub-theme 4.1: Ethno-cultural Sensitivity

Ethno-cultural sensitivity involves understanding the ethical implications of cultural differences in EOL decision-making and care (Balin et al., 2024; Livelo et al., 2018). Balin et al. (2024) stated that healthcare providers must be aware of the diverse cultural perspectives on EOL care to provide ethically sound and culturally respectful care. This sensitivity helps navigate the ethical dilemmas arising from differing cultural beliefs and practices regarding EOL decisions.

Sub-theme 4.2: End-of-Life Discussions

There are differences in openness to EOL discussions among various ethnocultural groups of healthcare providers. Balin et al. (2024) determined that these differences can affect the quality of care provided to terminally ill patients. For instance, some cultural groups may be more open to discussing EOL issues than others, impacting how care is communicated and delivered. Understanding these differences is crucial for IENs to engage effectively in EOL discussions and ensure that care plans are culturally appropriate and ethically sound.

Discussion

The findings from this narrative review emphasize the crucial role of IENs in delivering culturally competent EOL care and highlight the challenges and strategies they employ to align their practices with the expectations of their host countries. Four major themes emerged from

the literature: cultural competence and integration, communication barriers and strategies, education and training, and ethical considerations in EOL care.

One prominent challenge identified for IENs is adapting to the cultural norms and expectations surrounding EOL care in their host countries. Angus et al. (2021) demonstrated that IENs in New Zealand often struggle with understanding the local palliative care system, as well as the cultural expectations surrounding patient interactions and family involvement. These findings underscore the importance of cultural adaptation for IENs, aligning with existing literature and highlighting the significance of culturally sensitive care in improving patient outcomes and support in EOL care (Balante et al., 2021; Singh et al., 2023; Wong et al., 2022; Zheng et al., 2022).

The sub-theme of cultural sensitivity in patient care further reinforces this notion, suggesting that cultural competence is essential for effective EOL care delivery. Patients and their families, particularly in diverse, multicultural settings, expect their cultural beliefs, values, and practices to be respected during the final stages of life (Nayfeh et al., 2019). As IENs develop greater cultural awareness, they can better navigate these expectations, leading to more satisfactory care experiences. Host healthcare facilities should implement ongoing, culturally focused training programs that address the unique challenges IENs face in adapting to EOL care practices. These programs should be tailored to help IENs navigate cultural differences, improve communication skills, and enhance their understanding of ethical dilemmas in EOL care.

Language proficiency emerged as a critical challenge for IENs. Northam et al. (2015) found that language barriers not only affect nurse-patient interactions but also hinder communication within the healthcare team. Communicating effectively is essential in EOL care, where complex and emotionally charged discussions are expected. These barriers can lead to misunderstandings and inadequate care, particularly in sensitive discussions about death and dying (Njie-Mokonya, 2016). This aligns with several other findings that have identified communication as one of the primary challenges IENs face when caring for patients at the EOL (Miyata, 2023; Northam et al., 2015; Phua et al., 2023; Zheng et al., 2022). To overcome these

challenges, IENs employ various communication strategies, including the use of translation services, cultural mediation, and training in non-verbal communication (Angus et al., 2021). These strategies are critical for ensuring that patients and families understand medical information and that their cultural preferences are incorporated into care decisions. Tailored intercultural communication training is highlighted as essential for building these skills and improving EOL care outcomes. Training in verbal and non-verbal communication should be a priority, as these skills are critical for delivering compassionate and patient-centered EOL care.

Education and training are pivotal in helping IENs navigate the complexities of EOL care in their host countries. Continuous education is critical for building confidence and competence among IENs (Angus et al., 2021). By engaging in ongoing professional development, IENs can stay abreast of evolving EOL care standards and best practices, enhancing their ability to deliver culturally sensitive care. Specialized training programs, such as the EXCELL program, have effectively enhanced IENs' intercultural communication skills (Northam et al., 2015). These programs offer structured education tailored to the unique needs of IENs, helping them address the cultural complexities of EOL care. These findings are reinforced by several authors, who found that training programs improved knowledge and attitudes toward shared decision-making among healthcare professionals working with adult patients suffering from terminal illnesses (Chan et al., 2019; Goswami, 2023). Support systems that foster peer learning and professional development would also help IENs build confidence in their roles. IENs can enhance their ability to provide compassionate, culturally competent care in multicultural healthcare settings by focusing on these areas. Facilities employing IENs should offer targeted education to improve their cultural competence and minimize the influence of differing beliefs on EOL care (Alshammari et al., 2023).

Ethno-cultural sensitivity plays a vital role in the ethical delivery of EOL care. Balin et al. (2024) emphasized the importance of understanding cultural differences in decision-making, especially concerning ethical dilemmas in EOL care. IENs must be aware of the various cultural perspectives that influence patients' and families' preferences regarding death and dying to provide ethically sound care. Findings highlight that cultural differences are a factor in

healthcare providers' willingness and openness to engage in EOL conversations. As noted, some cultural groups may be more comfortable discussing EOL issues, which impacts how care is communicated and ultimately delivered (Balin et al., 2024). Multiple findings support this, highlighting the importance of recognizing diverse beliefs and values in EOL care (Balante et al., 2021; Green et al., 2018; Nayfeh et al., 2019; Singh et al., 2023). Healthcare systems should develop and implement ethical guidelines that explicitly address the cultural sensitivities surrounding EOL care. These guidelines should include clear protocols for navigating cultural differences in decision-making, communication, and family involvement to ensure that care is ethically sound and culturally respectful. Understanding these cultural nuances is essential for IENs to engage in meaningful and respectful EOL discussions that align with the patients' and families' values and preferences.

Strengths and Limitations

IENs play an important role in global healthcare, but their experiences, especially in EOL care, have been understudied. This review highlights the importance of their contributions and unique challenges, making them highly relevant to current global healthcare workforce issues. The search was limited to articles published in English, which excluded relevant studies in other languages. Including articles from other languages could have enriched the dataset and potentially strengthened the findings. Although the review process was thorough, the final dataset included only five articles. This small sample size limits the generalizability of the findings and may not provide a comprehensive view of the challenges and strategies IENs face in different healthcare contexts. The small data set also reinforces the need for additional research on this subject.

Conclusion

This review illustrates that IENs face a range of challenges in adapting to the cultural, linguistic, and ethical demands of EOL care in their host countries. However, with appropriate education, training, and support, they can develop the cultural competence and communication proficiency necessary to deliver high-quality, culturally sensitive care. Ethical considerations,

particularly around cultural sensitivity in EOL decision-making, further underscore the need for IENs to navigate these complexities effectively. By addressing these challenges and enhancing their skills, IENs can make significant contributions to EOL care and ensure that the diverse needs of patients are met with dignity and respect.

Future research could investigate the effectiveness of cultural mediation and translation services in improving patient and family satisfaction in EOL care settings. Studies could measure the impact of these interventions on the quality of care, patient outcomes, and overall communication between IENs and patients from diverse cultural backgrounds. More research is needed to investigate how ethical training, particularly related to cultural sensitivity in EOL decision-making, impacts IENs' ability to navigate ethical dilemmas. Studies could examine whether enhanced training in ethical considerations leads to better alignment between IENs and patients' cultural beliefs and preferences in EOL care.

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References

- *Abudari, G., Zahreddine, H., Hazeim, H., Assi, M. A., & Emara, S. (2014). Knowledge of and attitudes towards palliative care among multinational nurses in Saudi Arabia. *International Journal of Palliative Nursing*, 20(9), 435–441. <https://doi.org/10.12968/ijpn.2014.20.9.435>
- Alshammari, F., Sim, J., Mcerlean, G., & Lapkin, S. (2023). Registered Nurses' beliefs about end-of-life care: A mixed method study. *Nursing Open*, 10(12), 7796–7810. <https://doi.org/10.1002/nop2.2027>
- *Angus, E., Reid, K., Yamit, S., Coe, G., Ryan, B., & Crichton, S. (2021). Experience of internationally qualified nurses providing palliative care in a New Zealand aged residential care facility. *International Journal of Palliative Nursing*, 27(10), 515–523. <https://doi.org/10.12968/ijpn.2021.27.10.515>
- Balante, J., van den Broek, D., & White, K. (2021). Mixed-methods systematic review: Cultural attitudes, beliefs and practices of internationally educated nurses towards end-of-life care in the context of cancer. *Journal of Advanced Nursing*, 77(9), 3618–3629. <https://doi.org/10.1111/jan.14814>
- *Balin, L., Davidson, Z., Gross, B., & Bentwich, M. E. (2024). Healthcare Provider's Culture and Its Impact on End-Of-Life Discussions. *Omega*, 88(4), 1349–1368. <https://doi.org/10.1177/00302228211054322>
- Chan, C. W. H., Ng, N. H. Y., Chan, H. Y. L., Wong, M. M. H., & Chow, K. M. (2019). A systematic review of the effects of advance care planning facilitators training programs. *BMC Health Services Research*, 19(1), 362. <https://doi.org/10.1186/s12913-019-4192-0>
- Goswami, P. (2023). Impact of advance care planning and end-of-life conversations on patients with cancer: An integrative review of literature. *Journal of Nursing Scholarship*, 55(1), 272–290. <https://doi.org/10.1111/jnu.12804>
- Green, A., Jerzmanowska, N., Green, M., & Lobb, E. A. (2018). 'Death is difficult in any language': A qualitative study of palliative care professionals' experiences when providing end-of-life care to patients from culturally and linguistically diverse backgrounds. *Palliative Medicine*, 32(8), 1419–1427. <https://doi.org/10.1177/0269216318776850>
- Huffman, J. L., & Harmer, B. (2023). End-of-Life Care. In *StatPearls*. StatPearls Publishing. <http://www.ncbi.nlm.nih.gov/books/NBK544276/>

- *Livelo, J. N., Jurado, L.-F. M., Hunt, V., & Mintzer, D. (2018). Knowledge, Attitudes, and Experiences of Filipino-American Registered Nurses in the US Towards End-of-Life Care. *Journal of Nursing Practice Applications & Reviews of Research*, 8(1), 14–23. CINAHL. <https://doi.org/10.13178/jnparr.2018.0801.0804>
- Miyata, C. (2023). Challenges and career consequences of internationally educated nurses: Empirical research qualitative. *Nursing Open*, 10(11), 7244–7254. <https://doi.org/10.1002/nop2.1977>
- Nayfeh, A., Marcoux, I., & Jutai, J. (2019). Advance Care Planning for Mechanical Ventilation: A Qualitative Study on Health-Care Providers' Approaches to Cross-Cultural Care. *OMEGA - Journal of Death and Dying*, 80(2), 305–330. <https://doi.org/10.1177/0030222817732467>
- Njie-Mokonya, N. (2016). Internationally Educated Nurses' and Their Contributions to the Patient Experience. *Online Journal of Issues in Nursing*, 21(1), B1–B9. <https://doi.org/10.3912/OJIN.Vol21No01Man05>
- *Northam, H. L., Hercelinskyj, G., Grealish, L., & Mak, A. S. (2015). Developing graduate student competency in providing culturally sensitive end of life care in critical care environments—A pilot study of a teaching innovation. *Australian Critical Care: Official Journal of the Confederation of Australian Critical Care Nurses*, 28(4), 189–195. <https://doi.org/10.1016/j.aucc.2014.12.003>
- Phua, G. L. G., Toh, H. J., Tan, L., & Low, J. A. Y. H. (2023). Educational needs of nursing home staff: Does a needs-based palliative care course make a difference? *BMJ Supportive & Palliative Care*, 13(1), 103–106. <https://doi.org/10.1136/bmjspcare-2020-002690>
- Purnell, L. (2019). The Purnell Theory and Model for Culturally Competent Health Care. *Journal of Transcultural Nursing*, 30(2), 98–105. <https://doi.org/10.1177/1043659618817587>
- Shaffer, F. A., Bakhshi, M., Cook, K., & Álvarez, T. D. (2022). International Nurse Recruitment Beyond the COVID-19 Pandemic. *Nurse Leader*, 20(2), 161–167. <https://doi.org/10.1016/j.mnl.2021.12.001>
- Singh, H., Haghayegh, A. T., Shah, R., Cheung, L., Wijekoon, S., Reel, K., & Sangrar, R. (2023). A qualitative exploration of allied health providers' perspectives on cultural humility in palliative and end-of-life care. *BMC Palliative Care*, 22(1), 92. <https://doi.org/10.1186/s12904-023-01214-4>
- Wong, K., Camacho, J. H. S., Dulani, S., & Trivedi, K. (2022). Honoring Long-Lived Cultural Beliefs for End-of-Life Care: Are We Prepared in the Modern Western Society? *Cureus*, 14(10), e30313. <https://doi.org/10.7759/cureus.30313>

Zheng, R., Guo, Q., Lee, S. F., & Bloomer, M. J. (2022). How to prepare Chinese-born nurses to care for patients at the end-of-life in Western settings: A discussion paper. *Collegian*, 29(5), 788–792. <https://doi.org/10.1016/j.colegn.2022.05.003>

***Included in the data set**

Table 1. Summary of the Selected Reviewed Studies

Author(s)/Year	Study aims	Country Host/Origin	Method	Study Setting	Participants/Sample size	Findings	Strengths & Limitations
Angus, E., Reid, K., Yamit, S., Coe, G., Ryan, B., & Crichton, S. (2021).	To understand the experiences and challenges faced by internationally qualified nurses (IQNs) providing palliative care to people in aged residential care (ARC) facilities in New Zealand, To comprehend how the specialist Palliative Aged Residential Care (PARC) nurse team can best support these IQNs in their roles.	New Zealand/IQN	Qualitative thematic analysis	Aged Residential Care (ARC)	24 Registered Nurses among IQNs (20 women and 4 men)	IQNs face significant challenges due to their unfamiliarity with the local palliative care and ARC systems, cultural differences, and communication barriers. IQNs also bring diverse skills and knowledge which enhance the care provided. The study concluded that ongoing education, support, and role modeling are essential to develop confidence and reduce internal struggles among IQNs. These insights are instrumental for improving the integration and support systems for IQNs in palliative care settings within aged residential care facilities.	<u>Strengths</u> The study provides in-depth insights into the unique challenges faced by IQNs in ARC settings The use of Focus Group for data collection <u>limitations</u> Limited sample to nurses in a specific region. Unequal number of participants in each FG.

Author(s)/Year	Study aims	Country Host/Origin	Method	Study Setting	Participants/Sample size	Findings	Strengths & Limitations
Northam, H. L., Hercelinskyj, G., Grealish, L., & Mak, A. S. (2015).	To describe and evaluate the effectiveness of an educational innovation designed to develop graduate-level critical care nurses' capacity for effective interpersonal communication, as members of a multi-disciplinary team in providing culturally sensitive end-of-life care.	Australia/Nepal, India, China, Nigeria and 'other'	Mixed method (Quant - descriptive statistical analysis Qualitative - thematically analyzed)	The Excellence in Cultural Experiential Learning and Leadership Program (EXCELL), which is a higher education intervention which was applied to develop the nurses' intercultural communication skills.	12 graduate nursing students studying critical care nursing participated in the study. 42% (n = 5) of the participants were from an international background.	Students demonstrated an increase in cultural learning in a range of areas in the pre-post surveys (understandings of cultural diversity, interpersonal skills, cross cultural interactions, participating in multicultural groups) Qual - increase in the levels of nurse confidence in approaching end of life care in critical care environments The EXCELL program provides an effective and supportive educational framework to increase graduate nurses' cultural learning development and competence to manage culturally complex clinical issues such as end of life care EXCELL is recommended as a framework for health care students to learn the skills required to provide culturally competent care in a range of culturally complex health care settings.	<u>Strengths</u> The study employs a robust empirical method Focus on cultural competence. <u>Limitation</u> Small cohort Incomplete surveys Some missed sessions No control group.

Author(s)/Year	Study aims	Country Host/Origin	Method	Study Setting	Participants/Sample size	Findings	Strengths & Limitations
Balin, L., Davidson, Z., Gross, B., & Bentwich, M. E. (2024).	To examine the openness to communication in end-of-life care of three major ethnocultural groups of healthcare providers (HCPs) (in Israel: Israeli Arabs (Arabs), Israeli Jews (Sabras), and Immigrants from the Soviet Union (Russians))	Israel/ Sabras, Arabs, and Russians	Quantitative research method	Central medical center in the northern part of the country	220 physicians and nurses (HCPs) from the three ethno-cultural groups,	Sabra ethno-cultural group was more open to communicating about and relating to end-of-life with terminally ill patients. Sabra HCPs were more open to having end-of-life discussions with patients, compared with their Arab and Russian colleagues. Recent exposure to death in the family did not affect the openness of Sabra HCPs, according to their overall PEAS scores, whereas such exposure did have influence on their Arab and Russian colleagues, whereby this influence was also found to be statistically significant among the former ethno-cultural group. The statistically significant differences are only found with respect to the professional PEAS score and only between Russians and Sabra HCPs, though one can also refer to a statistical trend ($p = .053$) insofar as the differences in the overall PEAS score between these two groups are concerned.	<u>Strengths</u> The medical center had good representation of the three ethno-cultural groups of HCPs at the focus of the study <u>Limitations</u> Conducted solely among HCPs in one medical center Arab HCPs were generalized into one group, without distinction between the various Arab subgroups, such as Druze, Muslim, and Christian.

Author(s)/Year	Study aims	Country Host/Origin	Method	Study Setting	Participants/Sample size	Findings	Strengths & Limitations
Abudari, G., Zahreddine, H., Hazeim, H., Assi, M. A., & Emara, S. (2014)	The study aimed to explore the knowledge and attitudes of multinational nurses in Saudi Arabia toward palliative care, examining their understanding and perspectives on providing end-of-life care.	Saudi Arabia/Multinational (diverse cultural and educational backgrounds)	Quantitative: Descriptive study	Healthcare institutions in Saudi Arabia, including hospitals where palliative care services are provided.	213 nurses from various nationalities working in Saudi Arabia participated in the study.	The study revealed limited knowledge of palliative care among the nurses, with notable gaps in understanding key principles and practices Attitudes toward palliative care were generally positive, with most nurses expressing a willingness to learn and improve their skills in this area Cultural and educational diversity among nurses contributed to differences in knowledge and perceptions of palliative care.	<u>Strengths</u> It provides valuable insights into the challenges faced by multinational healthcare teams in understanding and delivering palliative care <u>Limitation</u> The study's reliance on self-reported questionnaires may introduce response bias.

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Livelo, J. N., Jurado, L.-F. M., Hunt, V., & Mintzer, D. (2018)	To assess the knowledge, attitudes, and experiences of Filipino American registered nurses (FARNs) in the United States regarding end-of-life (EOL) care.	United States/Filipino American	Descriptive, cross-sectional study	Various healthcare settings in the United States where Filipino American nurses were employed.	59 Filipino American registered nurses.	Participants demonstrated moderate knowledge of EOL care principles but expressed a desire for additional education and training in this area Attitudes toward EOL care were generally positive, with a strong commitment to providing compassionate care for dying patients Participants highlighted cultural influences, including Filipino values such as family-centered decision-making and religiosity, as significant factors shaping their approach to EOL care Challenges included communication barriers with patients and families and a lack of formal education in palliative and EOL care during their nursing training.	<u>Strengths</u> Highlights the importance of culturally sensitive approaches in nursing education and practice. <u>Limitation</u> Focus on one ethnic group Self-reported data could be subject to response bias.