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Perceptions of Student Nurses about Transcultural Nursing

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ABSTRACT

United Kingdom's rapid increasing diverse population and transcultural nursing care is becoming an important part of nursing and midwifery care, hence the need to investigate the level of student nurses' perceptions, understanding, awareness, knowledge and skills of transcultural nursing. In order to provide patients with adequate holistic care, the nurse must recognise differences in how diverse ethnic groups and cultures view health and sickness. Quantitative research method was used to investigate the perceptions, understanding and awareness of student nurses and midwifery students in a University in the North West of England. The study was conducted using a questionnaire survey developed by the author. Findings suggest a lack of confidence in meeting the transcultural care needs of the participants' patients. It was discovered that student nurses' understanding, knowledge and skills of transcultural nursing was not enhanced to promote cultural nursing care. The participants' identified a lack of opportunities to work with multi-religion, multi-cultural and multi-ethnic agencies that provide care to culturally diverse patients. These same participants report relatively high awareness of patient's culture as a determining factor in compliance to treatment regime. It is recommended that nurse lecturers find creative educational methods to ensure that student nurses and midwives have sufficient clinical care experience in order to meet all their service users' cultural needs and promote high standard of transcultural care.

Keywords: Transcultural Nursing, Nursing Theory, Health, Transcultural Knowledge

INTRODUCTION

Health care delivery is undergoing constant change that affects both patients and health professionals across the spectrum of care **(1)**. Consequently, each health profession including nursing is searching to redefine its role in a world where patient care and patient satisfaction are paramount. Transcultural nursing may be defined as "a body of knowledge that helps to provide culturally sensitive care" **(2)**. The term "transcultural nursing has gained considerable recognition in nursing and other fields as one of the most significant and growing trends in the twenty-first century" **(3)**. Nursing leaders emphasised that cultural awareness and transcultural care are becoming gradually more important as the World becomes extremely more close, complex, and multicultural **(4)**. Hence the need to investigate student nurses and midwives understanding of transcultural nursing. Transcultural care is an important aspect of patient care and the skill of nurses and midwives to provide it safely and effectively is so central to the nursing role **(5)**. Transcultural care has undergone little scrutiny since the 1970s **(6)**. It is with this view that the author found it appropriate to investigate a fundamental perception of students about transcultural nursing at a Northwest university using quantitative purposive research method.

Aims of the study

- To identify nursing students' knowledge and experiences of transcultural nursing.
- To evaluate students' experiences of transcultural nursing in providing

holistic care to patient from outside their own cultural background.

The result of the research is to inform the future development and delivery of curricula to improve nursing and midwifery education and practice. It will benefit all healthcare service users, patients, clients, nurses, midwives and the broader healthcare community.

LITERATURE REVIEW

Defining Transcultural Nursing

The literature review demonstrates the difficulty that authors have had in reaching a consensus around a definition of transcultural nursing. Although definitions differ conceptually in that one views transcultural nursing as "abilities" and another defines it as a "process" both definitions include cultural sensitivity, awareness, knowledge, skills and safety **(7, 8, 9, 10)** The concern is to provide care that is culturally sensitive to the needs of the individuals, families, and groups who represent diverse cultural population within a society. **(6)** describes transcultural nursing as a humanistic and scientific area in nursing which is directed towards the differences and similarities between cultures. It focusses on human care, health and illness based upon the people's cultural values, beliefs, and practices, and to use this knowledge to provide culturally specific or culturally congruent nursing care to people.

In the context of health care, cultural heritage influences the perceptual framework of illness, wellness and accepted treatment modalities **(11)** supports the work of Leininger and asserts that as highlighted in Leininger's Theory of Culture care Diversity and Universality, an enabling factor on culturally sensitive care have been identified. Having the required skills and ability to care for patients in a congruent manner, Leininger believes that cultural values cannot be separated from the concepts of health, and illness. Nurses and midwives must be aware of the value systems of people in their care as well as family expectations about their roles and relationships. Nursing practice cannot be ethical unless the cultural and beliefs of the patient are taken into consideration **(12)**. Therefore, an assessment of the patient aspects of lifestyle, health beliefs and practices will enhance the nurses' decision making and judgment skills when providing care.

(13) confirms that a culturally competent nurse recognises that cultural differences occur across all levels of diversity, both primary (age, gender, language, physical ability and sexual preference) and secondary (socio-economic background, geographical location, education and religion). Transcultural nursing according to **(14)** is therefore an essential area of study and practice focused on the cultural care beliefs, values, and lifeways of health care service users to help them maintain and regain their health, or to face death in meaningful ways. Essentially, transcultural nursing has focused on understanding cultures and their specific care needs and how to provide care that fits service users' lifeways rather than assuming that professional nurses always know what is best for them.

The purpose of transcultural nursing is to discover and provide care in specific ways for multicultural society such as Asian, African, Caribbean, Eastern European, other cultures and subcultures. Providing adequate cultural care is the goal of transcultural nursing. Nurses as the largest health care providers **(15)** can provide a beneficial cultural care for the well, sick, disabled or dying patient with transcultural nursing knowledge and competencies.

The call to nurses to become culturally competent is not merely a standard but an ethical imperative. **(3)** contend that all nurses need to be prepared to serve culturally vulnerable populations and to develop professional competencies in transcultural nursing. As a profession, nursing is distinguished by its philosophy of care, commitment to human well-being with a specific blend of knowledge and skill, and

its service to the community. In situations requiring transcultural nursing, sensitivity to the patient's value system is of paramount importance because it may differ markedly from that of the caregiver **(16)**.

Furthermore **(6)** asserts that the concept of transcultural nursing has been in existence ever since nursing profession started. In recent years however, the term transcultural nursing is becoming widely accepted and is generally used to mean healthcare that involves specific cultural information to provide sensitive and culturally competent care **(17)**. This definition indicates that it is not possible to provide safe and appropriate care without this orientation. Some researchers, such as **(18, 19)** and **(20)** also support the notion that the goal of transcultural nursing is to improve the caregiver's self-awareness.

Theoretical Framework

Transcultural nursing may bring about major changes in the way care is developed, planned and delivered to patients by nurses and midwives. The key to providing cultural care is an understanding of transcultural nursing theories. For any type of healthcare to be effective, whether it is hospital or community based, it has to be built on sound educational principles. Interestingly, culturally congruent care has become a sought-after goal today and a mantra for many health organisations and professions, nationally and internationally **(4)**.

Philosophically, **(19)** found out that if cultures, individuals, and nations would discover and practice culturally congruent care, their peaceful relations would prevail among all human cultures. Cultural awareness is based on knowledge and therefore it is closely linked to education. Many attempts have been made to integrating cultural knowledge into health care curriculum. This is a major and important new contribution to nursing science and nursing practices.

(3) explains further that it is the transcultural theory-based nursing care knowledge that has a powerful means of overcoming cultural biases, prejudices, and non-therapeutic care practices that can reduce legal suits. At the same time **(4)** challenged the nurses and other health professionals to discover and use culturally based knowledge and health policies for diverse cultures. To address the challenge there is need for a provision of culturally based care that will reflect patients' lifeways. Recognising that there are about 4,000 distinct cultures in the world, there are more culture care constructs to be discovered in the future.

Another theorist is **(17)** who developed a model for cultural competence which was built on Leininger's model with some minor exceptions. The major assumption of the model was that one culture is not superior to another culture and all cultures share core similarities. In recent years however, the term cultural care has become broadly accepted and is generally used to mean a care strategy for minority ethnics that involves effective communication process **(3)** and **(21)**. **(17)** also explained that differences exist among, between and within cultures with the fact that cultures change slowly over time in a stable society. Therefore, clients should be encouraged to participate in their own care in order to have a choice in health-related goals, plans and interventions so that health outcomes can be improved.

Culture has a powerful influence on one's interpretation of and responses to health and everyone has the right to be respected for his or her uniqueness and cultural heritage. Caregivers need both general and specific cultural information to provide sensitive and culturally competent care. To provide culturally congruent care is to provide care that is meaningful and fits with cultural beliefs and life ways of the client. **(14)** refers to the use of emic (local cultural knowledge and life ways) in meaningful and tailored ways that fit with etic (largely professional outsiders' knowledge) to help specific cultures,

whether ill, disabled, facing death or other human conditions

(22) describes culturally competent care as care that is sensitive to the differences individuals may have in their experiences and responses due to their heritage, sexual orientation, socioeconomic situation, ethnicity, and cultural background. It is a care that is based on understanding how those differences may inform the responses of people and the processes of caring for them. **(23)** explain that while there is substantial evidence to suggest that cultural competency should work, health systems have little evidence about which cultural competency techniques are in fact effective and less evidence on when and how to implement them properly. **(24)** were able to conceptualize the provision of competent care to all persons who are perceived as different, rather than focusing only on those who are perceived as 'culturally' different.

Similarly, **(25)** believe that cultural safety is designed to focus attention on life chances such as, access to health services, education and decent housing within a safe environment. Policies that address cultural safety can provide a mechanism for linking macro-level issues to micro-level interactions in a health care context. Cultural safety addresses the power relationships between the service provider and the people who use the service. It extends the notion of transcultural nursing to include an examination of power inequities, individual and institutional discrimination, and the dynamics of health care relations in the postcolonial context. A key element of culturally safe practice is establishing trust with the patient, **(19)** tend to encourage nurses to reflect on their own personal and cultural history and the values and beliefs that they bring to their interaction with patients rather than imposing uncritically their own understandings and beliefs on patients and families.

Research Questions

- What is the transcultural nursing knowledge level of student nurses?
- What is degree of confidence of the student

RESEARCH DESIGN AND METHODOLOGY

Research Design

The purpose of the research design for this study was to plan the structure and strategy of investigation to obtain answers to a research question. The purpose of the research design is to achieve a greater control of variables to improve the validity of the study in question. This study employed quantitative design using a descriptive survey. Purnell Model for Cultural Competence was adopted as the theoretical framework for the study **(26)**.

Quantitative Research

(27) refers to a quantitative research as the research that is used to measure data in numbers. **(28)** affirm that a qualitative approach facilitates a deductive reasoning whereby the researcher starts with something that little is known about to further explore the topic. Quantitative research is a formal objective systematic process using numerical data to obtain information about the world. It is used to examine and describe cause and effect **(29)**. Similarly, **(30)** support the use of quantitative research in evaluating nursing practice and point out that quantitative method is particularly useful for evidence-based practice in healthcare. Quantitative design was utilised in the study because section one of the questionnaire consists of demographic data and section three consists of Likert scale questions that were analysed in frequencies, percentages and numerically.

Descriptive Study

(31) illustrates a descriptive study as the collection of accurate data on phenomenon to be studied and describe as a descriptive study that deals with observation, description and documentation of aspects of a situation rather than relationships among variables. **(32)** believes

that descriptive research provides an accurate account of characteristics of a particular individual, event or group in real life situations, for the purpose of discovering meaning, describing what exists and obtaining information about the current status of the phenomenon. The responses to the research questions provided detailed description of the level of student nurses and midwives knowledge and understanding of transcultural nursing.

Survey

Quantitative method with descriptive survey was successfully utilised in the study. Surveys were used to obtain information about people's beliefs, attitudes, opinions and interests **(33)**. A semi-structured questionnaire was developed with both open and closed ended questions as the data collection instrument.

Population

In this study the population comprised of twenty student nurses in their third year of nursing education **(34)**.

Sampling

Sampling technique is crucial in research, as the data gathered was meant to contribute to a better understanding of a theoretical framework **(35)**. Sampling is the process of selecting units of people or organizations from a population of interest so that by studying the sample there can be generalisation of the research results back to the population from where they were chosen **(34)**. Purposive sampling was selected because of the good evidence that the sample was a representative of the total population studied. The purposive sampling researchers seek out groups, settings and individuals where the phenomenon being studied is likely to occur. The students in this research were purposely selected based on their level of nursing education during the third year of their programme in the university. This sample size of twenty participants was able to generate sufficient quality data **(36)** to ensure that the research is valid and adequate to explore the study. The need for a smaller but focused sample rather than a large random sample **(37, 31)** would uphold the quality of the research analysis and make the data manageable.

The purposive sample derived from twenty student nurses in this study reflects mixed age groups and gender. The sample came from a group of third year students all of whom have received lectures on culture and diversity issues. Since sampling technique was an essential component of the study, the development was rigorous and systematic to show transparency **(38)**. **(39)** asserts that quantitative research focus on measuring quantities and relationships between attributes, following a set of scientifically rigorous procedures to collect highly rigorous data. Statistics, tables and graphs, are often used to present the results of these methods **(40)**. Purposive sampling is exemplified through the key informant technique, **(41)** states that quantitative sampling methods may be used when samples are chosen purposively with the use of questionnaires. Purposive sampling method was used to select students that participate in the study. The students that volunteered to participate were duly informed that their consent would be required and strict confidentiality maintained.

Research Instrument

Questionnaire survey form an essential part of data collection for quantitative studies **(42)**. A questionnaire was selected as data collection instrument because it offers anonymity and increased the likelihood of obtaining accurate information when sensitive information is required. It was seen as time effective and enabled data to be obtained on the respondents' understandings of transcultural care.

Questionnaires are versatile, allowing the collection of both subjective and objective data. A questionnaire survey with both open and closed-ended questions was developed and administered to twenty participants. The questionnaire was divided into two sections; section one consists of

demographic data and section two consists of quantitative data. There was hundred percentage response. The participants answered as many questions as they could. The questionnaires were kept in a file and stored in a locked unit at the researcher's home during the process of analysis. Participants were allocated a code rather than using their names to guarantee anonymity, confidentiality and non-traceability. Throughout the research, security measures were used to protect data and confidentiality.

Validity and Reliability

Validity as defined by **(43)** refers to the degree at which an instrument measures what it is intended to measure and applied to the measurement of this research data. The validity tool was administered to check for face and content clarity and relevancy with sampling adequacy of the contents. The reliability of the degree of consistency of the chosen instrument was checked, their feedback was considered and corrections were made according to their evaluations and recommendations.

Data Collection

Data collection was commenced after ethical approval from the research ethics committee. The questionnaire survey forms an essential part of data collection for the quantitative study. A semi-structured questionnaire was used to collect the quantitative data in this study; the purpose of the survey was to investigate participants' perception about transcultural nursing, which is compatible with the aims and descriptive approach of this study **(44)**. Questionnaire was administered to participants to express their feelings and make remarks in their own words on how they perceive transcultural nursing.

Twenty students were each given a questionnaire to be completed in thirty minutes. Typically, demographic data was collected at the beginning of the questionnaire in response to **(45)** who believe that normally background questions are easier to answer and can ease the respondent into the questionnaire.

Data Analysis

The returned surveys were assigned a number and data were referenced using the numerical numbering system, with no identifying personal data elicited from the participant for placement on the actual survey form to maintain strict confidentiality. The quantitative data was analysed using Statistical Package for the Social Sciences version 14 (SPSS 14) **(46)**. The study sample was described using frequency and percentage for categorical variables. The method of content analysis allows inclusion of large amounts of textual information and systematically identifies its properties, such as the frequencies of most used keywords.

The results were reported anonymously. Information was provided to the participants regarding who will have access to the records, and data **(47)**. The data collected was retained in a secured place within the university for three years and retained electronically for ten years before it was destroyed in order to respect the participants' autonomy and maintain privacy **(48)**.

The questions in the first section were demographic design, figure one shows the number of students who participated in the study and the number of the statements to which they responded.

Section 1: Demographic Questions

This first section involved describing the question about the participants' gender, age, to endorse a number of demographic and professional variables, which are mostly categorical in nature. Descriptive statistics such as frequencies and percentages were used to analyse these data. Some data collected were interval in nature for example gender, age, types of placement, and period of exposure to transcultural nursing were described using means, and standards deviations.

Section 3: Quantitative Questions

This section was designed to assess students' feelings of transcultural nursing. It has eight questions. The level to which the respondents demonstrate their understanding of transcultural nursing concepts was measured by their responses to the items included in the transcultural nursing behaviours subscale of the questionnaire.

Ethical considerations

Permission to conduct this study was sought and obtained from the Research Ethics Committee. The guidelines set out in the Department research governance framework for health and social care was adhered to during this process. Both the research project registration form and research ethics form were completed and approval for the study was granted.

The potential participants were given a brief description of the study, its risks and benefits, what was expected of them and their rights as human subjects. Invitation letters and information about the purpose and procedures of the research, the voluntary nature of research participation, confidentiality and the participant's rights to stop the research at any time up to submission of thesis was sent to the voluntary participants **(49, 50)**.

A written voluntary informed consent form was given to participants without any inducement. The written and signed informed consent of each individual respondent was obtained at the time of recruitment **(32, 42)**.

FINDINGS AND DISCUSSION

Section one - Demographic findings

Table 1: Gender Division

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	7	35.0	35.0	35.0
	Female	13	65.0	65.0	100.0
	Total	**20**	**100.0**	**100.0**	

In this sample of student nurses, male gender accounts for 35% and female 65% as indicated in the pie chart.

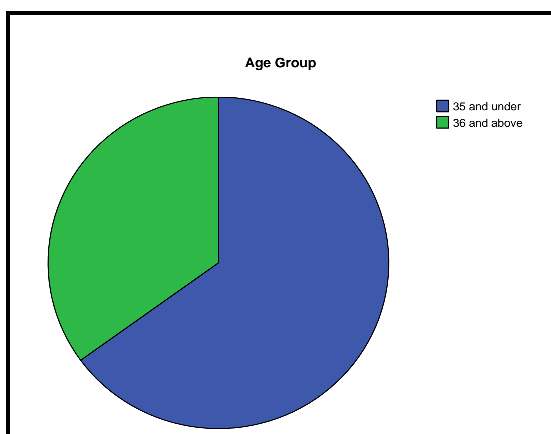

Figure 1: Age Division

In terms of age, 65% of the students were under 35 years and 35% over 36 years.

In figure 2 adult nursing accounted for 40% (maximum) while learning disability was only 10% (minimum).

Table 2 shows the range of clinical placement used by students in the sample. What stands out from the Table 2 is that all respondents have had hospital placements.

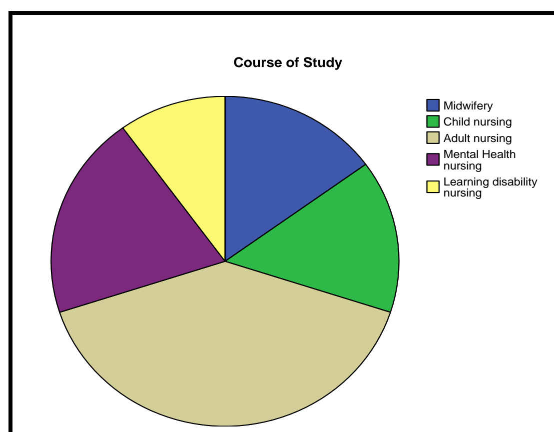

Figure 2: Course of Study

Table 2: Type of clinical placement

Placements	Frequency	Percent
Walk-in-centre	6	30%
Hospitals	20	100%
Nursing/respite homes	10	50%
Public health agencies	4	20%
Clinics	11	55%
GP practice	5	25%
Community centres	9	45%
OPD	3	15%
Nurseries	2	10%
Others (specify)	0	0%

Table 3: Proportion of students who have received teaching on transcultural nursing
Have you received any teaching on transcultural nursing?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Yes	15	75.0	75.0	75.0
	No	5	25.0	25.0	100.0
	Total	**20**	**100.0**	**100.0**	

Table 4: When transcultural nursing teaching occurred.
When did the exposure take place?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	0-5 months	2	10.0	13.3	13.3
	6-10 months	1	5.0	6.7	20.0
	11-15 months	8	40.0	53.3	73.3
	16-20 months	4	20.0	26.7	100.0
	Total	**15**	**75.0**	**100.0**	
Missing	System	5	25.0		
Total		**20**	**100.0**		

Table 3 shows that 75% have received teaching on transcultural nursing while the remaining five respondents which is 25% have not received any teaching on transcultural nursing.

Table 4 shows that 53.3% of respondents learnt about transcultural nursing between 11-15 months of their programme. Only 6.7% had their learning opportunities within 6-10 months. Note that in this table, percentage was based on the 15 respondents that answered "yes" in question 5.

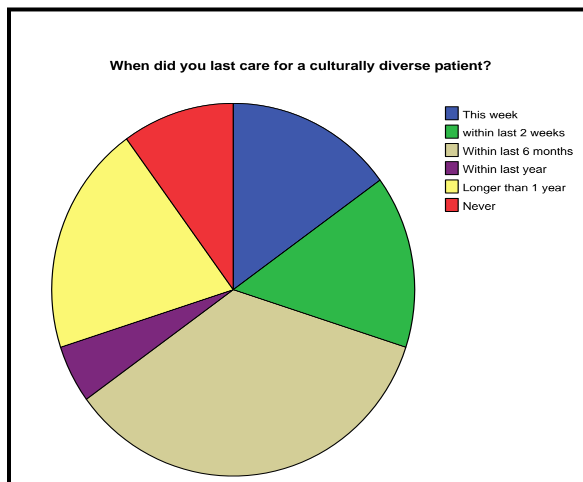

Figure 3

The chart illustrates that most of the care given was within the last 6 months (35%).

Section Three-Quantitative findings

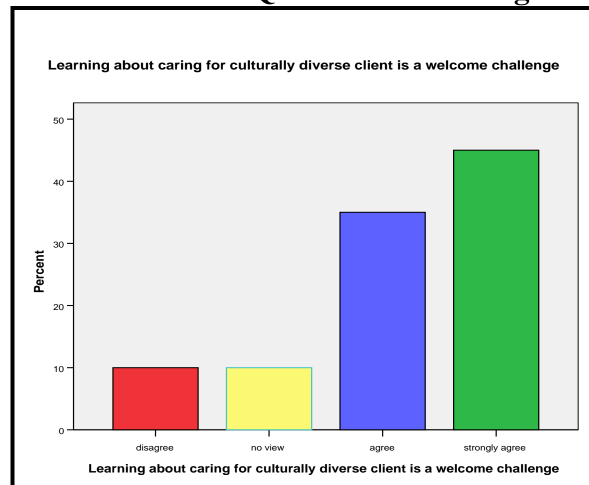

Figure 4

The illustration in figure 4 shows that 45% strongly agree followed by 35% that also agreed, while 10% had no view.

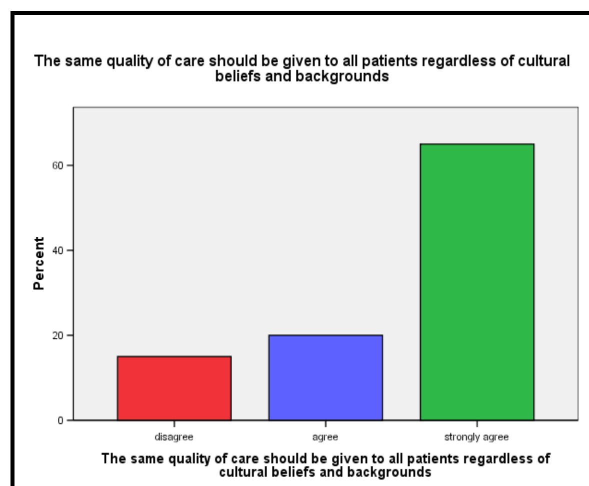

Figure 5

In figure 5, it is evident that 65% strongly agree and 20% also agreed that the same quality of care should be given to all patients, regardless of their race, religion,

ethnicity, social status or cultural backgrounds while 15% of the respondents disagree.

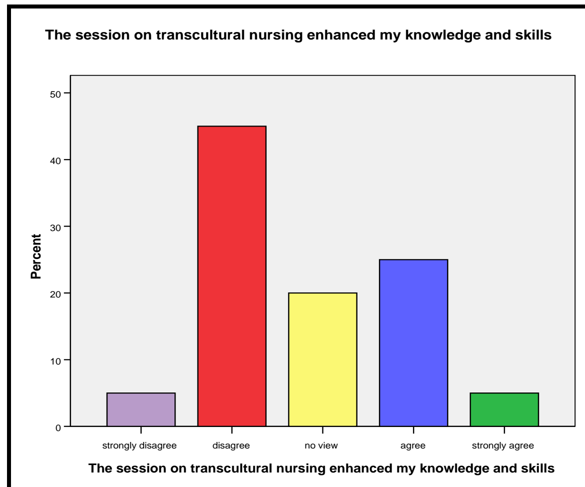

Figure 6

In figure 6, the highest frequency of the respondents 45% disagreed and five percent strongly disagreed that the session on transcultural nursing enhanced their knowledge and skills. No view was stated by 20% but 25% and five percent agreed and strongly agreed respectively.

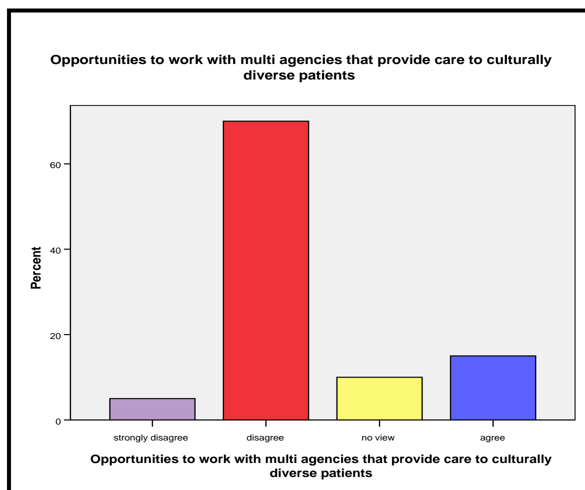

Figure 7

In figure 7 the highest percentage of respondents is 70% that disagree because they have not heard any opportunities to work with multi-agencies that provide healthcare to culturally diverse patients. Only 15% agreed.

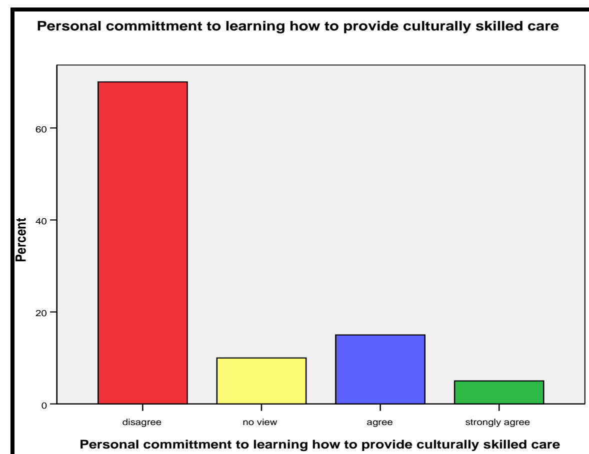

Figure 8:

In figure 8 the highest percentage of 70 respondents disagreed with the statement about "personal commitment to learning how to provide culturally skilled care" while 15% and five percent agreed and strongly agreed respectively.

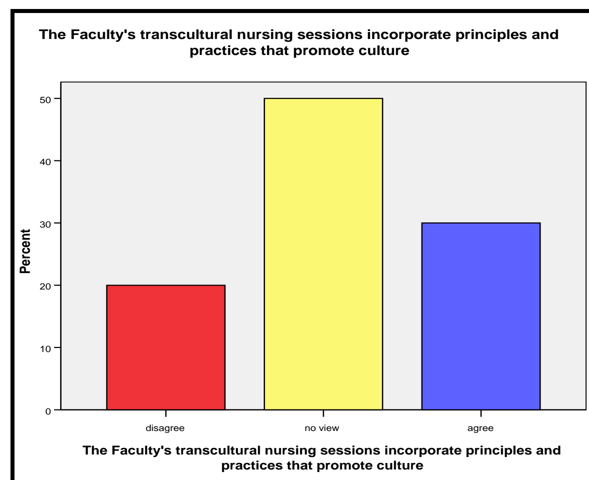

Figure 9

In figure 9, the highest percentage of the respondents was 50% with no view on whether the transcultural nursing sessions incorporate principles and practices that promote culture and cultural care. 30% of the responses agreed while 20% disagreed.

In figure 10, the highest percentage of the respondents 35% both agreed and strongly agreed respectively while 15% disagreed and had no view respectively about awareness of patient's culture as a determining factor in his or her agreement to treatment regime.

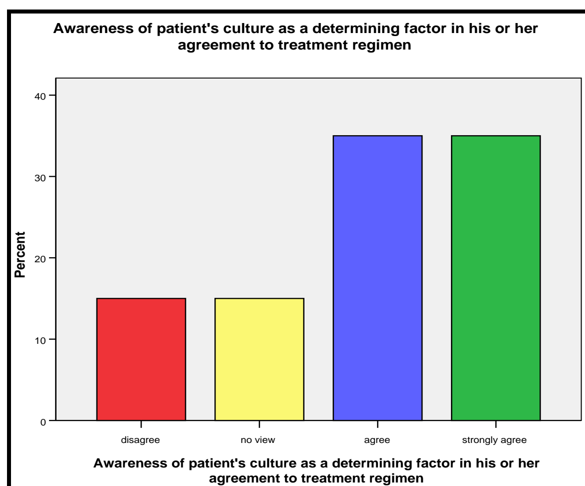

Figure 10

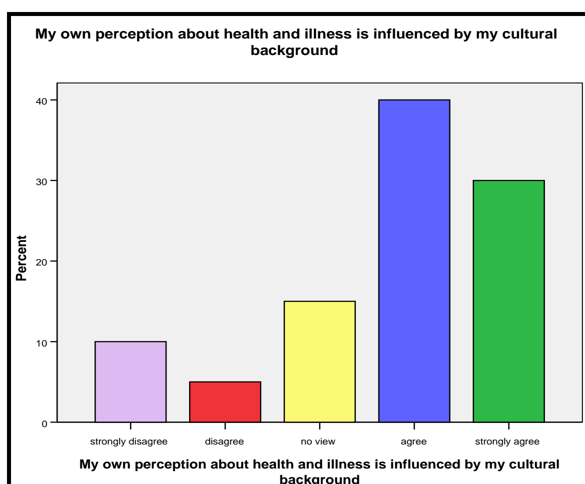

Figure 11

In figure 11, the highest frequency of the respondents is 40% that agreed and 30% strongly agreed that their own perception about health and illness is influenced by their cultural background, 15% had no view, 10% strongly disagree and five percent disagreed.

DISCUSSION

The study investigated the perceptions, attitudes and knowledge base of final year student nurses in a University in North West of England. The study was a small-scale purposive study exploring student understanding of transcultural nursing. The majority of participants in this study (75%) acknowledged that they lacked confidence, sufficient knowledge and experiences required to provide quality care for ethnic minority patients. The methodology included questionnaires to examine the level of learning that had taken place and how improvement could be made in teaching and learning about cultural care. The findings of the study were used to inform the process of the knowledge and skills that students require to improve provision of optimal transcultural care. Quantitative data was produced and the findings discussed.

DISCUSSION OF THE QUANTITATIVE FINDINGS

The participants were able to reflect on their learning and caring experiences of patients from diverse background as evident in their response. The findings showed that participants gained knowledge of transcultural care and were aware that there were minority ethnic people in their local population. The participants reflect on the knowledge and skills obtained during their course of study and lack of confidence at providing transcultural care. The data from this study supports the need to provide an informed and comprehensive education on transcultural nursing.

Limitations

The study was a purposive small-scale survey and as such had a pre-determined small study group. A more robust set of data results could have been achieved had the study had a large number from which to gain more predictive results and inferential statistics. The research questions set out to assess the knowledge base of a specific group of people, assessing their perceptions. However, it remains to be established whether students' understandings of transcultural nursing continue to increase with time and experience.

The sample size of the study was limited to twenty, third year student nurses who have access to patients during clinical placements. A limitation of self-assessment surveys is the risk of response bias on the part of the participant **(51)**. This study used questionnaire survey to examine students' perception of transcultural nursing, which

may not accurately reflect actual knowledge of all students. The survey might have been usefully triangulated with an interview data for additional exploration of breadth and depth of the study. Another limitation is that the data obtained from this research is based solely on self-experience of the respondents. Therefore, the research relied on the sincerity of the respondents in writing their perceptions of the theory and practice experience regarding transcultural nursing.

Implications for nurse education

This study indicates that students graduating from the pre-registration nursing programmes should not have confidence to meet the needs of patients from diverse backgrounds within their local practice area. These results indicate that there may not have been sufficient time spent in educating the students concerning the cultural needs of patients from culturally diverse backgrounds within the local geographic area. The implication of the findings to nurse education emphasises the necessity to ensure that students are exposed to care of patients from culturally diverse backgrounds early in their clinical experience as soon as the opportunity is available.

Implications for practice and research

The research study indicates that knowledge of transcultural nursing will equip nurses to provide culturally sensitive care to patients. Nursing care is expected to match the patients' needs so that they would have positive and satisfying health outcomes. Additionally, to improve nursing education, practice and research.

RECOMMENDATIONS

The majority of the students reported a relatively low level of confidence in providing transcultural care for the patients' from ethnic minority background. It is therefore important to address the culturally diverse people's needs within the local communities. There is a need to comply with the nursing education curricula to serve the students and the local communities **(15)**. Leininger's transcultural nursing teacher learner conceptual process model is designed to guide staff and students in learning about diverse cultures together. **(52)** points out that health care provider must deliver services that are culturally sensitive and appropriate. However, for a variety of reasons, there is a growing concern that the cultural health care needs of minority ethnic groups are not met adequately. It may be necessary to support the nurse educators and practitioners with some teaching and learning updates from experienced speakers on transcultural nursing.

Future studies should replicate the study on different cohorts of student nurses and midwives. The study should be expanded using a sample of student nurses, midwives and teachers to evaluate the teachers' perceptions of transcultural nursing. Similarly, future research should address the students' actual application of knowledge to practice and establish the benefits of culturally competent care to patients. As students' confidence to carry out effective transcultural care was found to be deficient, it is recommended that curriculum developers include adequate content related to transcultural nursing, in respect of the changing multicultural population requiring health care.

One of the ways to address this important aspect of care would be to have guest speakers from the minority ethnic groups to speak about the cultural needs related to various cultures. These speakers could be drawn from a local community and should be willing to share their cultural beliefs, values and traditions. Another method would be to offer annual culturally sensitive seminar, where a panel of speakers from various predominant cultures would share their cultural practices. These changes could easily be integrated into the existing curricula.

With the increasing number of immigrants and refugees entering the UK with different lifestyles and many indigenous health care beliefs and language barriers, it is important to equip student

nurses and registered nurses with transcultural nursing theory-based research knowledge. The staff and students should be co-participants in the teaching and learning process to provide best possible care for patients.

CONCLUSIONS

There is a general perception rather than clear evidence that transcultural nursing teaching and learning can have a positive effect on clinical practice. There is an urgent need to develop effective tools by which the effects of teaching on clinical practice can be measured including follow up studies of participants into their clinical practice. There is also a need to critically review transcultural nursing programmes and question whether they are delivering what they are set out to do. Transcultural nursing should be integrated into the whole curriculum instead of being seen to form a section within it and the focus should be on the needs of patients.

The study highlights the significance of transcultural nursing education as a starting point in treating minority ethnic patients with dignity and respect. The challenge within nursing education is to ensure that initial training and ongoing education prepares nurses and midwives who can demonstrate in practice cultural understanding and sensitivity. Student nurses are keenly aware of culturally diverse communities in which they live, and they must develop competency skills with clients, families, and diverse groups. Through making these necessary changes, there is a potential to advance the students' confidence in meeting the needs of the minority ethnic patients thus allowing graduate nurses to provide holistic care to patients.

Nursing curricula need to include more knowledge of learning about transcultural nursing and nurses need more practical experience of caring for patients from different cultures. The experience could be acquired by a variety of teaching and learning methods; from overseas exchange programmes, use of cultural and transcultural nursing films, videos and compact discs (CDs), use of poems, paintings, and drawings related to culture care and health. Open discussion on cultural heritage and life experiences would be valuable, use of patient-student encounters or situations and the use of students' experiential accounts.

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