



Transcultural Communication Strategies in Nursing with Multicultural Clients in Hospital Settings: A Systematic Literature Review

Reiza Agustina Wulandari, Nurfika Asmaningrum *, Anisah Ardiana

Faculty of Nursing, Universitas Jember, Jember, East Java, Indonesia

*Corresponding email: nurfika_asmaningrum@unej.ac.id

ABSTRACT

A lack of nurse understanding of cultural diversity during nurse-patient communication may cause conflicts and misunderstandings. This study aim to analyze nurse transcultural communication strategies with multicultural clients in hospitals. Systematic literature review incorporating four databases, including PubMed, Science Direct, Google Scholar, and ProQuest. Assessed Article quality based on JBI and MMAT. A total of 47.848 articles were identified, and twelve articles analyzed highlight ten transcultural communication strategies, including the usage of language translators and interpreters, communication skills training, cultural competency training, initiative to learn a new culture, clarity of communication, doing self-reflection, familiarizing to the patient, developing confidence, spending more time to consult, respecting and appreciating patient. Implementing transcultural communication strategies during nurse-patient interactions is important to achieve therapeutic communication goals. Transcultural communication enables nurses to understand and respond to patient needs effectively. The study suggests that nurses develop transcultural communication skills and competencies to practice intercultural communication during clinical care.

ARTICLE INFO

Article History: June 15, 2022

Revised: December 1, 2022

Accepted: December 27, 2022

First Available Online: December 31, 2022

Published: December 31, 2022

Keywords:

Communication Strategy, Nursing, Multicultural, Transcultural, Systematic Review

1. INTRODUCTION

The recently increased diverse populations in the world, effective health communication has become an important clinical skill for healthcare workers. Healthcare institutions such as hospitals are required to improve services not only for curing diseases but also required to enhance quality in providing services that can promote satisfaction (Az-Zahroh, 2017). Comfort in interaction is the key to delivering good service, creating a conducive environment, and providing mutual so that clients feel comfortable and motivated to recover (Agritubella, 2018). The success of the interaction depends on how well the communication is carried out the communication. As frontline workers in healthcare, nurses rely on communication for whole aspects of their duty. Nurses learn about their patient's needs, concerns, and health issues through communication. Communication between these parties manifests as a forum for exchanging information and assisting clients in overcoming their physical and psychological problems (Sasmito et al., 2019). Thus, it is important to deliver effective communication to clients to maintain their dignity and autonomy and to form therapeutic relationships. In a multicenter qualitative study conducted in Indonesia, Asmaningrum & Tsai (2018) found that nurses' kindhearted communication was perceived as a respectful way to maintain patients' dignity.

The importance of communication during patient care is essential for providing safe and quality health service. Conversations between nurses and patients during clinical care are a crucial component of the quality of health maintenance. Therefore, effective communication will impact quality increase and patient safety. However, many factors were identified influencing the implementation of effective nurse communication, including sociocultural factors (Sari, Hariyati, & Afriani, 2019). Sociocultural diversity becomes a crucial aspect of the interaction process and communication due to language differences inveigled by cultural background may lead to miscommunication (Crawford, Candlin, & Roger, 2017).

Cultural diversity influences the success of therapeutic communication between nurses and clients. By implication, the implementation of nursing care that does not concern the client's culture will hinder the communication process (Binteriawati et al., 2020). Multiculturalism in health services can be an obstacle, mainly due to the language diversities of clients in hospitals (Hendson et al., 2015). Based on research in the Mid-Western States of the United States, 23 out of 56 health workers (40%) believe that different cultural background between nurses and patients often makes patients feel uncomfortable, anxious, and nervous. In addition, 80% of nurses sometimes find it challenging to take care of patients from different cultures (Shepherd et al., 2019). People from diverse backgrounds have unique ways of perceiving situations, as well as particular attitudes about health care. These differences influence how people communicate with healthcare providers. To address the patient's needs from all backgrounds, nurses strive to bridge gaps in cultural understanding and ways of communicating. In terms of communication, cultural diversities between clients and nurses in contact represent cross-cultural communication (Liliweri, 2018). Furthermore, cross-cultural communication is vital role in building trust between patients and nurses, which is fundamental to delivering high-quality patient care.

Lack of communication knowledge between nurses and clients from different cultures may cause conflicts and misunderstandings. For nurses, it causes violence against nurses, decreased performance of nurses in front of clients, inappropriate nursing interventions, and

misunderstanding (Raya et al., 2021). On the other hand, because of successful cross-cultural communication, patients may receive better care, fewer misdiagnoses, repeated visits to the hospital, the adherence to follow treatment plans and medical advice more reliable. In addition, cross-cultural communication can reduce health disparities in marginalized communities. Therefore, nurses need to value cultural aspects and respect the cultural diversities of the clients to establish mutual understanding and improve the quality of nursing services. Referring to the policy in Indonesia, the Hospital Accreditation Commission (known as *KARS*) 2017 is guided by the National Hospital Accreditation Standard (SNARS), Edition 1 in Chapter 8 on Communication and Education Management (known as *MKE*). In Chapter 8, one of the standards is *MKE* 3, which dictates that communication and education use simple language so that patients can engage in the care process and make the right decisions.

In healthcare settings, the importance of transcultural communication is recognized as the cornerstone of culturally competent care (Parsons, 2002). Moreover, numerous single studies to examine transcultural communication, such as the exploration and perception of transcultural communication (Shirazi et al., 2020) were established. However, previous research has limited it to a certain monoculture. This signifies a research gap addressed by conducting a systematic literature review to identify the nurses' strategies to communicate with multicultural clients. Given the multicultural dimension of nursing, the nurses' transcultural communication strategies with clients in hospital settings reduce conflicts and misunderstandings therefrom. This paper aims to analyze nurses' transcultural communication strategies with multicultural clients in hospital settings.

2. METHOD

This study used the systematic literature review method. The articles collected and passed the selection process were then assessed and summarized. This was concluded by taking into the research topic to ensure research merit for readers.

Eligibility Criteria

This literature review used the following inclusion criteria: 1) the article contained the research results concerning nurse strategies in conducting cross-cultural communication with clients in hospitals; 2) the single study applied quantitative, qualitative, or mixed methods designs; 3) the research population involved nurses; 4) the research was available in the full-text article; 5) articles were published between January 2017 and December 2021; and 6) articles were written in English. The exclusion criteria were: 1) the article used literature review, systematic review, or scoping review; 2) duplication of publication in two or more journals.

The Databases

The databases used include PubMed, Science Direct, Google Scholar, and ProQuest. All databases were accessed by the researchers on February 16, 2022. The following is the list of the database links:

Table 1. Database Links

Database	Database Links
PubMed	https://pubmed.ncbi.nlm.nih.gov/
Science Direct	https://www.sciencedirect.com/
Google Scholar	https://scholar.google.co.id/
ProQuest	https://www.proquest.com/

Searching Strategy

In the literature search, used were combined the keywords with Boolean Operators to gain more specific results and make it easier to select relevant articles. The keywords were (strategy OR approach) AND (nursing OR nurse) AND (cross-cultural OR intercultural) AND (communication) AND (patient) AND (multicultural). From the results of article research through four databases with the aid of Boolean Operators, the researchers found 47.848 articles that matched these keywords, consisting of 24 articles in PubMed, 773 articles in Science Direct, and 22.951 articles in ProQuest, and 24.100 articles in Google Scholar.

Article Screening

The study used the PRISMA flowchart, which involves identification, screening, eligibility, and inclusion (Stovold et al., 2014). The screening procedure began with excluding duplicate articles; filtering articles based on titles and abstracts relevant to the topic; eliminating articles with a literature review design, scoping review, and systematic review; eliminating articles with the same title and author either in the same database or in different databases; and screening articles in full-text.

Data Extraction and Critical Appraisal

The literature review used The Joanna Briggs Institute (JBI) Critical Appraisal Tools 2020, which was typical for a cross-sectional study. This research also used the Mixed Methods Appraisal Tool (MMAT) 2018. The assessment of article quality was assisted by a validator (Nursalam et al., 2020). The researchers presented the articles in a table including an ID number, author and journal identity, journal title, research objectives, population and sample, method, and summary of results. The ID number contained a unique identity for the journal the researchers gave to distinguish it from other journals.

3. RESULT

Search Result

Researchers used four primary search platforms in this study: PubMed, Science Direct, ProQuest, and Google Scholar. At the identification stage, 47.848 articles were found from the entire database. Afterward, articles were pre-filtered to include only those published in 2017-2021,

available in full-text articles, and written in English. These criteria eventually sorted 15.241 articles. The researchers conducted further screening related to article titles and abstracts that were deemed relevant to the topic and eliminated articles using literature review designs, scoping reviews, and systematic reviews. Duplicate articles were also excluded at this stage. This further screening included 60 articles which were then read for further examination against the exclusion criteria. After the reading, 12 articles were included for the final review. The overall PRISMA procedure is shown in the flowchart below.

Critical Appraisal Result

The initial critical assessment was carried out independently by two reviewers. Discussions were carried out to moderate assessment differences before reaching a final necessary justification. In this study, The Joanna Briggs Institute (JBI) Critical Appraisal Tools version 2020 was used to review qualitative study (n=7), cross-sectional study (n=4), and Mixed Methods Appraisal Tool (MMAT) version 2018 (n=1). The following table displays the results of critical assessments.

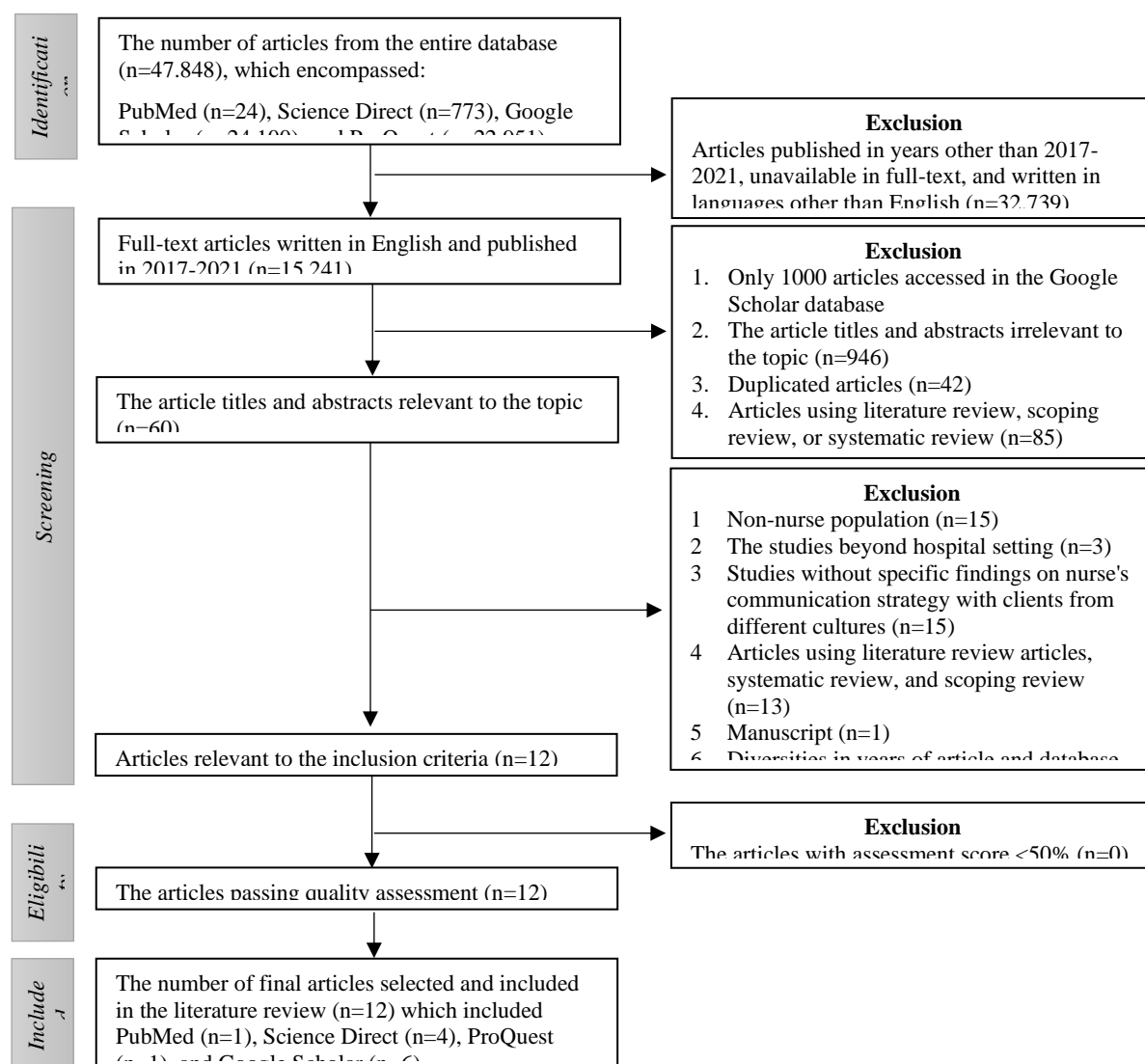


Figure 1. PRISMA Flowchart

Articles Included in the Literature Review

The results of initial analysis, review, and further identification finally included only 12 articles. The following table describes the details of each article.

Table 2. Accumulated Critical Assessment of Articles

No. ID	Title	Criteria										Mark
		1	2	3	4	5	6	7	8	9	10	
JBI Qualitative study												
CC1	I speak a little Arabic: Nursing communication in a cross-cultural context	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
CC3	Nurses and Muslim patients: two perspectives on Islamic culture in the hospital	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	90%
CC4	Overseas Qualified Nurses' (OQNs) perspectives and experiences of interprofessional and nurse-patient communication through a Community of Practice lens	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
CC5	Communicating with patients from minority backgrounds: Individual challenges experienced by oncology health professionals	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
CC6	Perspectives of oncology nurses and oncologists regarding barriers to working with patients from a minority background: Systemic issues and working with interpreters	✓	✓	✓	✓	✓	✓	✓	✓	-	✓	90%
CC10	Healthcare professionals' encounters with ethnic minority patients: the critical incident approach	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
CC11	Identifying the essential components of cultural competence in a Chinese nursing context: a qualitative study	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	100%
JBI Cross-sectional study												
CC2	Language-specific skills in intercultural healthcare communication: Comparing perceived preparedness and skills in nurses' first and second languages	✓	✓	-	-	✓	✓	✓	✓			75%
CC7	Intercultural Communication Competence of Nurses Providing Care for Patients from Different Cultures	✓	✓	✓	✓	✓	✓	✓	✓			100%
CC8	The perceived cultural barriers to effective communication towards patients among non-Saudi registered nurses of a public hospital, in the kingdom of Saudi Arabia	-	✓	✓	✓	✓	✓	✓	✓			87.5%
CC9	A quantitative exploration of the barriers and facilitators to nurse-patient communication in Saudi Arabia	-	✓	✓	✓	✓	✓	✓	✓			87.5%
Mix-method study design												
CC12	Cultural competence nursing care and its associated factors among nurses in Northern Ethiopia: A mixed-method study design	The findings indicated that 15 (88.2%) out of 17 questions met the criteria for further analysis										

Table 3. Analysis of Literature Results

ID Number	Author and Journal Identity	Journal Title	Objective	Population and Sample	Method	Summary of Results
CC1	Author: Dawn Kuzemski, Alison Thirlwall, Margaret Brunton, & Sharon Brownie Journal Identity: Journal of Clinical Nursing/2021/Vol .31:1-13	I Speak a Little Arabic: Nursing Communication in a Cross-Cultural Context	Investigating the challenges and impact of cross-cultural communication on the nurse-nurse and nurse-patient relationship	20 internationally qualified nurses practicing in two hospitals in Al Ain, United Arab Emirates	Qualitative descriptive. Data collection by conducting a semi-structured face-to-face interview. Inductive thematic analysis was used to identify and report the identified patterns in the data	Four themes emerge, namely challenges in communication, science versus the art of nursing, the impact of ineffective communication, and its strategies. This article highlights the need for language support in communication and advocates the involvement of Arabic-speaking partners to assist nurses.
CC2	Author: Jessica Gasiorek and Kris van de Poel Journal Identity: Nurse Education Today/2018/ Vol.61:54-59	Language-specific Skills in Intercultural Healthcare Communication: Comparing Perceived Preparedness and Skills in Nurses' First and Second Languages	Assess and compare nurses' cross-cultural readiness and skills in interacting with patients from other cultures when speaking in their first and second languages	were	Cross-sectional study. Data collection by giving a questionnaire. Used descriptive statistics for cross-cultural preparedness in general. Multiple regression analysis was used to identify predictors of L1/L2. Readiness and skills.	Respondents reported being fairly prepared to deal with situations involving patients from other cultural backgrounds. However, they felt the least prepared to work with new immigrants because different health and religious beliefs could influence treatment. Nurses who have previously received communication skills training feel better prepared to take care of patients from different cultures.
CC3	Author: Fernando Jesus Plaza del Pino Journal Identity: Procedia – Social and Behavioral Sciences/2017/Vo 1.237:1131-1137	Nurse and Muslim Patients: Two Perspectives on Islamic Culture in the Hospital	<ol style="list-style-type: none"> 1. Knowing the nurse's perspective on the culture of Muslim patients 2. Knowing Muslim culture and religion in the hospital environment from the point of view of Muslim patients 3. Distinguishing the perceptions of Muslim nurses and patients about Muslim religion and culture 	32 nurses working in a hospital, 37 Muslim patients treated at a public hospital in Almeria, Spain	Grounded Theory (Qualitative study). Data collection by conducting an interview at the hospital for nurses while for Muslim patients at home. The interview was recorded with an average duration of 25 minutes for both patients and nurses.	Stereotype determines the nurse's perspective on the culture of Muslim patients. Nurses feel the cultural distance from Muslim patients. Two main categories emerge, including the variability in the way Islam is interpreted and followed and the fact that religion is a "second place" in recovery from illness.
CC4	Author: Susan Philip, Robyn Woodward-Kron, Elizabeth Manias, & Michele Noronha Journal Identity: Collegian/ 2019/Vol.26(1):8 6-94	Overseas Qualified Nurses' (OQNs) Perspectives and Experiences of Intraprofessional and Nurse-Patient Communication through a Community of Practice lens	Explore barriers and drivers of clinical communication experience by OQN using a community of practice framework	4 male nurses and 17 female nurses were working in acute and semi-acute clinics at a metropolitan hospital in Melbourne, Australia.	An exploratory qualitative study. Collecting data with a semi-structured interview. The results of the data were analyzed using thematic analysis.	Two themes emerge from the internal factors data, involving the internal and external factors related to interactions with patients. The first theme is self, related to how nurses view themselves from a sociocultural background and perspective during the transition to Australia (adaptability and language readiness). The other theme is related to how nurses develop their communication competence with patients (expectations, adjustments, and career development).

Table 3. Analysis of Literature Results (Continue)

ID Number	Author and Journal Identity	Journal Title	Objective	Population and Sample	Method	Summary of Results
CC5	Author: Kaaren J. Watts, Bettina Meiser, Elvira Zilliacus, et al Journal Identity: European Journal of Oncology Nursing/2017/Vol .26:83-90	Communicating with Patients from Minority Backgrounds: Individual Challenges Experienced by Oncology Health Professionals	Identify the individual experiences and challenges of oncology nurses and oncologists in communicating with patients from minority backgrounds	21 oncology nurses, 12 medical oncologists, and 5 radiation radiologists working clinically with cancer patients in three Australian teaching hospitals	Qualitative studies. Data collection by conducting an interview individually or in groups. Interviews were audio-recorded and analyzed thematically	82% of participants reported various degrees of uncertainty and discomfort when working with minority patients with multiple communication barriers. Strategies used to facilitate interaction such as spending more time in consultation, building good relationships, and using nonverbal techniques.
CC6	Author: Kaaren J. Watts, Bettina Meiser, E. Zelliacus, R. Kaur, et al Journal Identity: European Journal of Cancer care/2018/Vol.27(2):1-9	Perspectives of Oncology Nurses and Oncologists Regarding Barriers to Working with Patients from A Minority Background: Systemic Issues and Working with Interpreters	Ensure the systemic barriers that Oncology Health Professionals (HPs) face when working with patients from ethnic minorities to guide the development of communication skills training programs	21 oncology nurses, 12 medical oncologists, and 5 radiation radiologists working clinically with cancer patients in three Australian teaching hospitals	Qualitative studies. Collecting data with semi-structured interviews by using telephone, face-to-face interaction, or focus groups and then analyzing thematically.	Health Professionals (HPs) found communication barriers in interactions with patients and their families that adversely affected the quality, amount of information, and support provided. Health Professionals (HPs) were also concerned with the accuracy of interpretation by patients and families. Thus, there was a need for training in cultural awareness and communication skills. However, this training was obstructed by the lack of funds, a "learning on the job" culture, and time availability.
CC7	Author: Hatice Karabuga Yakar and Sule Ecevit Alpar Journal Identity: International Journal of Caring Sciences/2018/Vol 1.11(3):1743-1755	Intercultural Communication Competence of Nurses Providing Care for Patients from Different Cultures	Knowing the communication competence between nurse cultures in providing care for patients from different cultures	204 nurses are working in private hospitals in Turkey. Where 60% of the patient population treated at the research facility are foreign patients from diverse cultural backgrounds	Cross-sectional study. A descriptive and methodological study. The data was collected using a nurse identification form and included 21 questions, using an intercultural awareness scale (9 items), an intercultural sensitivity scale, and an intercultural effectiveness scale. Regression analysis and Manova were to measure awareness, sensitivity, and level of effectiveness according to the characteristics of nurses.	There are 3 themes identified in the study, including intercultural awareness, intercultural sensitivity, and intercultural effectiveness. In addition, this study found that nurses had satisfactory competence in intercultural awareness, sensitivity, and effectiveness, but low sub-skills in intercultural communication.
CC8	Author: Yee Bit-Lian, Rosnida Abu Bakar, and Shahedan Saeidin Journal Identity: The Malaysian Journal of Nursing/2020/Vol .11(4):41-53	The Perceived Cultural Barriers to Effective Communication Towards Patients among Non-Saudi Registered Nurses of A Public Hospital, The Kingdom of Saudi Arabia	Studying perceived cultural barriers in communicating effectively with patients as well as knowledge of culture in the work environment among non-Saudi registered nurses in hospitals (KSA)	Questionnaires were distributed to 150 nurses who were randomly selected from the medical and surgical fields. There were 135 nurses who gave feedback. Research site in the tertiary health care center in the Kingdom of Saudi Arabia (KSA)	A descriptive, cross-sectional quantitative study. Data collection through a questionnaire.	The results showed that 55 respondents experienced physical and mental fatigue due to treating patients from different cultures (40.7%). In addition, 45 respondents experienced cultural communication barriers due to heavy nursing tasks (33.3%), and 50 respondents (37%) lacked communication skills. However, 39.3% of respondents showed confidence in providing nursing care and tried to understand the impact of cultural differences, such as diversity in communication.

Table 3. Analysis of Literature Results (Continue)

ID Number	Author and Journal Identity	Journal Title	Objective	Population and Sample	Method	Summary of Results
CC9	Author: Bander S. Albagawi and Linda K. Jones Journal Identity: Journal of Hospital Administration/2017/Vol.6(1):16-24	Quantitative Exploration of the Barriers and Facilitators to Nurse-Patient Communication in Saudi Arabia	Knowing the barriers of nurse-patient communication facilitators in Saudi Arabia using the Nurses Self-Administered Communication Survey	291 randomly selected nurses working in the medical and surgical departments of 5 hospitals in Hail district, Saudi Arabia	Probability sampling. And using the Nurses Self-Administered Communication Survey (NSACS). The survey includes nurses' demographics and job specifications. A 5-Likert scale was used for each item (strongly disagree to strongly agree) and administered in 15-20 minutes. The results were analyzed using SPSS for statistical analysis.	Filipino and Saudi Arabian nurses felt more communication barriers related to personal/social characteristics, work, and environmental factors than those from other countries. In addition, nurses with shorter work experience felt greater communication barriers associated with clinical situations than those with longer work experience. Nurses who did not take communication skills courses felt greater communication barriers than those who did not.
CC10	Author: Jonas Debesay, Anders Kartzow, and Marit Fougner Journal Identity: Nursing Inquiry/2021/Vol. 29(1):1-11	Healthcare Professionals Encounters with Ethnic Minority Patients: The Critical Incident Approach	Explore the experience of healthcare professionals working with ethnic minority patients using the critical incident (CI) technique.	Physiotherapy 4 participants, general nurses 6 participants, and 7 participants from public health nurses working in hospitals in Norway	Qualitative research with a methodological approach according to the critical incident perspective. Data were collected through focus group discussions among health professionals.	The result of the critical incident indicates that health professionals may experience unusual situations related to their performance, prejudice against patients, and labeling by patients that professionals do not identify
CC11	Author: Duanying Cai, Wipada Kunavikitikul, et al Journal Identity: Nursing and Health Sciences/2017/Vol. 1.19(2):157-162	Identifying The Essential Components of Cultural Competence in a Chinese Nursing Context: A Qualitative Study	Identifying important components of cultural competence from the perspective of Chinese nurses	7 senior clinical nurses, 7 nurse administrators (4 associate department directors and 3 chief nurses), and 6 nurse educators from tertiary hospitals and university nursing schools in East China	This qualitative study used purposive sampling to recruit respondents with expertise in transcultural nursing. Data were collected through semi-structured interviews lasting 20-50 minutes from May to June 2015. Data were analyzed using thematic analysis.	There are 4 themes, awareness, attitudes, knowledge, and skills. Participants' responses focused on demographics, individuality, and efforts to facilitate quality care rather than ethnic and racial-cultural differences. In addition, the study also focused on developing the capacity to alleviate discrimination or health disparities.
CC12	Author: Kumlachew Mulatie Berie, Mohammed Hassen Salih and Hailemichael Kindie Abate Journal Identity: Nursing: Research and Reviews/2021/Vol. 1.11:55-67	Cultural Competence Nursing Care and Its Associated Factors Among Nurses in Northern Ethiopia: A Mixed-Method Study Design	Assessing nursing care cultural competence and related factors among nurses working at the Amhara referral hospital, Ethiopia	Participants from quantitative were selected using simple random sampling, namely 516. For qualitative, using purposive sampling with a total of 10 participants. Respondents are from hospitals in Amhara Regional State, Ethiopia	This mixed-method study collected data using a self-administered Nurses Cultural Competence scale questionnaire and a semi-structured questionnaire as the basis for in-depth interviews. Data were analyzed using descriptive statistics, independent t-tests, and one-way analysis of variance with multiple linear regression analysis. The qualitative data analysis was thematically using open code software.	The average score of cultural competence in nursing care is 3.39 (0.61) from a 5-scale grading, which indicates a moderate level of competence. Qualitative findings identified four driving factors to nursing care which involved language barriers, lack of organizational support, cultural differences, and factors related to health care providers.

The study examined twelve articles based on studies across 9 countries Arab Emirates, Austria, Spain, Australia, Turkey, Saudi Arabia, Norway, East China, and Ethiopia. The authors grouped the findings into ten strategies of transcultural communication used during nursing practice. Those ten strategies were sequentially presented based on the number of analyzed articles supported each strategy as follows:

1. Using translators and interpreters

As language differences may occur during interactions between nurses and multicultural patients, barriers to communication and building trust relationships with patients may exist. Thus, the involvement of family and translators is also needed to assist in communication and interpreting the intent or information received or delivered by the patient. Six articles stated that nurses had translators or interpreters to help them communicate with multicultural clients (Berie et al., 2021; Cai et al., 2017; Kuzemski et al., 2021; Watts et al., 2018; Watts et al., 2017; Yakar and Alpar, 2018). Thus, the nurse's strategy of looking for translators and interpreters from family, colleagues, or other people were used to understand patients' communication.

2. Participating in communication skills training

Four articles discussed the need for communication skills training to improve nurses' knowledge, attitudes, and skills. This aimed to prepare them to take care of clients in a multicultural setting and reduce communication barriers between them (Albagawi and Jones, 2017; Watts et al., 2017; Gasiorek and van de Poel, 2018; Berie et al., 2021). Nurses who have received communication skills training feel better equipped to care for patients from different cultures.

3. Participating in cultural competency training

This study found four articles that discussed the nurse's strategies to prepare themselves to communicate with patients in a multicultural setting by participating in cultural competency training (Jesús Plaza del Pino, 2017; Watts et al., 2017; Watts et al., 2018; Yakar and Alpar, 2018). Through cultural competencies training, the nurse's understanding and respect for patient cultures and developing intercultural skills during nursing care could be enhanced.

4. Having the initiative to learn a new culture

Four analyzed articles reported the need for nurses to learn emerging markets in providing nursing care to clients in a multicultural setting. These involved learning another language, learning new communication practices, collecting cultural information related to health problems, and taking the initiative to look at client's demographic data in advance before meeting clients to avoid misunderstanding (Berie et al., 2021; Cai et al., 2017; Kuzemski et al., 2021; Philip et al., 2019). The initiative and nurses' willingness to adapt and learn new communication practices aim to minimize misunderstandings and tension between speakers.

5. Clarifying the emphasis on communication

Two articles were found that highlighted the importance of such strategies as clarifying the utterances in communication such as repeating the spoken word, speaking slowly, simplifying the language used or saying the keywords to be conveyed in the patient's language, and using nonverbal cues to ease communication (Berie et al., 2021; Watts et al., 2017). To easily

communicate with the patient from different cultural backgrounds, the nurse uses plain language or highlights the keywords intended for the conversation using the daily patient's language.

6. Being able to familiarize themselves

Two articles investigated nurses' strategies to familiarize themselves, such as frequently greeting, calling clients by their first names or special nicknames favored by the client and showing intimacy to reduce tension during communication (Debesay et al., 2021; Philip et al., 2019). Adopting local communication patterns, such as using everyday language during a general conversation, enhance familiarity. When a healthcare professional demonstrates familiarity with the patient's culture, it contributes to a positive cross-cultural experience and allows for better cooperation in its care.

7. Having self-confidence

Two articles mentioned that nurses who have high self-confidence in providing nursing care to clients in a multicultural context could help to maintain good communication (Bit-Lian et al., 2020; Watts et al., 2017). Although nurses face a language barrier during nurse-multicultural patient interactions, they remain confident while providing nursing care for patients.

8. Spending more time on consultation

The existence of language differences may provide barriers to communication. Thus, it is essential to facilitate interaction in many forms, such as patient consultations, to ensure the information provided is better. The review found only one article argued that facilitating interaction with clients in talks related to clients' health problems by spending more time building good relationships. Given this good relationship, clients will find it easier to understand the communication (Watts et al., 2017).

9. Being able to do a self-reflection

Only one article was analyzed by self-reflection or self-introspection by nurses as the springboard to improve the success of communication with clients. Some strategies associated with self-reflection were reducing mispronunciations, speaking slowly, and maintaining self-emotions (Philip et al., 2019). By practicing self-reflection, nurses evaluate nurse-patient communication to improve the quality of subsequent interactions.

10. Respecting and appreciating clients

One article stated that a communication strategy that nurses can use is to show respect and appreciation for clients by establishing decent interactions daily basis and not imposing personal beliefs on clients (Cai et al., 2017). Nurses must treat clients equally regardless of patients' cultural backgrounds through respecting patients shown in daily interactions. Thus, it is part of the essential component of a nurse's cultural competence that enables practical work in cross-cultural situations.

4. DISCUSSION

Our findings unravel a variety of transcultural communication strategies that nurses use when treating clients in hospitals. This transcultural communication emphasizes the communication between nurses and patients in a multicultural setting characterized by different nations or countries, different ethnics or racial groups, and different religions (Gudykunst, 2003; Liliweri, 2018; Kewas

and Darmastuti, 2020). The findings of this systematic literature review have underlined ten essential strategies for nurses to communicate with clients in a multicultural setting, including the usage of language translators and interpreters, communication skills training, cultural competency training, initiative to learn a new culture, clarity of communication, doing self-reflection, familiarizing to the patient, developing confidence, spending more time to consult, respecting and appreciating patient. The six studies found that a strategy in nursing transcultural communication in a multicultural context was the usage of language translators and interpreters are commonly used in hospital settings. The results of the present study are in line with previous research findings in India according to the importance of nurses using professional interpreters while working with culturally diverse patients and any need for more availability of interpreters at every time at the hospitals. Thus, the situation of misunderstandings would be rapidly resolved as soon as the interpreter exists. Therefore, the uses of language translators and interpreters acknowledge as a tool and technique for working with culturally diverse patients (Larsen, Mangrio, & Persson, 2021).

Four studies identified that nurses' strategy of transcultural communication in hospital-based settings was the training of communication skills, training of cultural competency, and having the initiative to learn a new culture. Cultural competence training significantly enhanced healthcare providers' cultural competence level, which significantly contributed to increased patient satisfaction (Govere & Govere, 2016). On the other hand, as discussed by Khodadadi et al. (2013), communication skills training could enhance nurses' rate of communication skills and impact the improvement of nursing care quality. Thus, in order to elevate the quality of care, nurses' communication skills should be improved. Another strategy identified was the initiative to learn a new culture. Nurses' initiative to learn new cultures, it reflects nurses' willingness to understand and interact with people of different cultures. Therefore, nurses may effectively interact with and engage diverse patients. This approach enables nurse professionals to successfully treat patients even when patients' beliefs, practices, and values directly conflict with conventional medical and nursing guidelines (Deering, 2022).

The present systematic review demonstrated that three analyzed studies show that clarity of communication is one of the transcultural communication strategies. The study suggests when communicating with culturally diverse patients, nurses must keep language clear, concise, and straightforward. Each two included studies showed that familiarizing the patient and developing nurses' confidence were important strategies of transcultural nurse-patient communication. Kamrul, Malin, & Ramsden (2014) reported that being familiar with communities' core cultural elements is nurses' activities related to cultural competence. Although nurses encounter difficulty when the patient primarily communicates in their native language, nurses gain confidence to face it.

The present review revealed that other strategies of transcultural communication in hospital-based settings were providing time for consultation, the ability to self-reflection, and respecting and appreciating clients. Through spending more time and having the most contact with patients, doing 'connecting work' that complements physicians' consultation is important to build good nurse-patient relationships, which is a fundament of nursing work (Collins, 2015). The review shows nurses' self reflection is formed through deep reflection on the event or a particular clinical position (Pangh, Jouybari, Vakili, Sanagoo, & Torik, 2019) is regarded as a proof of

professionalism and is used as a skill related to clinical performance and professional behavior (Cooke, Walker, Creedy, & Henderson, 2009). The study reflects that accepting personal differences and demonstrating a nonjudgmental attitude which is essential for nurses to effectively communicate across different cultural groups (Parsons, 2002).

Communication skills are essential for nurses to provide health services. In terms of transcultural, communication allows nurses to better understand patients and respond more effectively to their needs. It plays an important role in nursing by improving a nurse's ability to accurately assess patient conditions, successfully explain medical issues to patients, give patients crucial instructions about medications, and educate patients about a diagnosis or prognosis. Transcultural communication also empowers patients to participate in and help direct their own care according to their needs and preferences, which often improves health outcomes and patient satisfaction.

The study findings can be used as a guide for transcultural communication strategies for health professionals, especially nurses, in reducing the negative impacts arising from cultural differences. Nevertheless, of these ten strategies of cross - cultural communication identified, the most effective cross-cultural communication strategies did not identify. Thus, the study suggests further studies to investigate the most effective cross - cultural communication strategy used during nursing care which improves client satisfaction upon receiving care in the hospital setting. This study draws some limitations considering the fact that only four databases were included. This implies that articles with relevant themes may uncover these relevant works may be published in other databases.

5. CONCLUSION

The results of this systematic literature review concluded that the 1598 recruited nurses in analyzed studies used ten different strategies to communicate with clients in a multicultural context. These strategies include involving the usage of language translators and interpreters, communication skills training, cultural competency training, initiative to learn a new culture, clarity of communication, self-reflection, familiarizing to a patient, developing confidence, spending more time to consult, respecting and appreciating patient. Nurses can use these strategies to communicate with a patient from different cultures. This initiative also involves developing positive attitudes to approach clients regardless of cultural differences. Nurses who can understand transcultural communication will be able to interact more effectively and are more likely to establish successful communication as the precursor to clients' satisfaction with nursing services.

6. ACKNOWLEDGEMENT

The authors would like to thank the Faculty of Nursing Universitas Jember for supporting this article's publication; we also thank those who supported the writing process. There is no conflict of interest in this article.

7. References

- Albagawi, B. S., & Jones, L. K. (2017). Quantitative exploration of the barriers and facilitators to nurse-patient communication in Saudia Arabia. *Journal of Hospital Administration*, 6(1), 16–24.
- Asmaningrum, N., & Tsai, Y. F. (2018). Patient Perspectives of Maintaining Dignity in Indonesian Clinical Care Settings: A qualitative Descriptive Study. *Journal of Advanced Nursing*, 74(3), 591–602.
- Az-zahroh, T. N. (2017). Pengaruh Mutu Pelayanan Kesehatan terhadap Tingkat Kepuasan Pasien Rawat Inap di Ruang Dewasa Umum Rumah Sakit X Kabupaten Gresik. *Psikosains*, 12(2), 99–111.
- Berie, K. M., Salih, M. H., & Abate, H. K. (2021). Cultural Competence Nursing Care and Its Associated Factors Among Nurses in Northern Ethiopia: A Mixed Method Study Design. *Nursing: Research and Reviews*, 11, 55–67.
- Binteriawati, Y., Pahriah, T., & Nuraeni, A. (2020). Literature Review: Pengalaman Perawat Terkait Pelaksanaan Cultural Competence Di Ruang Intensive Care Unit. *Faletehan Health Journal*, 7(1), 52–61.
- Bit-Lian, Y., Abu Bakar, R., & Saeidin, S. (2020). the Perceived Cultural Barriers To Effective Communication Towards Patient Among Non-Saudi Registered Nurses of a Public Hospital, the Kingdom of Saudi Arabia. *The Malaysian Journal of Nursing*, 11(4), 41–53.
- Cai, D., Kunaviktikul, W., Klunklin, A., Sripusanapan, A., & Avant, P. K. (2017). Identifying the essential components of cultural competence in a Chinese nursing context: A qualitative study. *Nursing & Health Sciences*, 19(2), 157–162.
- Cooke, M., Walker, R., Creedy, D., & Henderson, A. (2009). Clinical Progression Portfolio: A resource for enhancing learning partnerships. *Nurse Education in Practice*, 9(6), 398–402.
- Crawford, T., Candlin, S., & Roger, P. (2017). New perspectives on understanding cultural diversity in nurse–patient communication. *Collegian*, 24(1), 63–69.
- Debesay, J., Kartzow, A. H., & Fougner, M. (2021). Healthcare professionals' encounters with ethnic minority patients: The critical incident approach. *Nursing Inquiry*, 29(1), 1–11.
- Gasiorek, J., & van de Poel, K. (2018). Language-specific skills in intercultural healthcare communication: Comparing perceived preparedness and skills in nurses' first and second languages. *Nurse Education Today*, 61(November 2017), 54–59.
- Govere, L., & Govere, E. M. (2016). How Effective is Cultural Competence Training of Healthcare Providers on Improving Patient Satisfaction of Minority Groups? A Systematic Review of Literature. *Worldviews on Evidence-Based Nursing*, 13(6), 402–410.
- Hendson, L., Reis, M. D., & Nicholas, D. B. (2015). Health Care Providers' Perspectives of Providing Culturally Competent Care in the NICU. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 44(1), 17–27.
- Jesús Plaza del Pino, F. (2017). Nurses and Muslim Patients: Two Perspectives on Islamic Culture in the Hospital. *Procedia - Social and Behavioral Sciences*, 237, 1131–1137.
- Kamrul, R., Malin, G., & Ramsden, V. R. (2014). Beauty of patient-centred care within a cultural

- context. *Canadian Family Physician*, 60(4), 313–315.
- Karabuga Yakar, H., & Ecevit Alpar, S. (2018). Intercultural Communication Competence of Nurses Providing Care for Patients from Different Cultures. *International Journal of Caring Sciences*, 11(3), 1743–1755.
- Kewas, G. S., & Darmastuti, R. (2020). Strategi Komunikasi Antarbudaya Dokter Kepada Pasien dalam Proses Pelayanan Kesehatan di RSUD Raffa Majenang. *Scriptura*, 10(2), 60–76.
- Kuzemski, D., Thirlwall, A., Brunton, M., & Brownie, S. (2021). I speak a little Arabic: Nursing communication in a cross-cultural context. *Journal of Clinical Nursing*, (April), 1–13.
- Larsen, R., Mangrio, E., & Persson, K. (2021). Interpersonal Communication in Transcultural Nursing Care in India: A Descriptive Qualitative Study. *Journal of Transcultural Nursing*, 32(4), 310–317.
- Pangh, B., Jouybari, L., Vakili, M. A., Sanagoo, A., & Torik, A. (2019). The Effect of Reflection on Nurse-Patient Communication Skills in Emergency Medical Centers. *Journal of Caring Sciences*, 8(2), 75–81.
- Parsons, L. C. (2002). Transcultural communication: the cornerstone of culturally competent care. *SCI Nursing : A Publication of the American Association of Spinal Cord Injury Nurses*, 19(4), 160–163.
- Philip, S., Woodward-Kron, R., Manias, E., & Noronha, M. (2019). Overseas Qualified Nurses' (OQNs) perspectives and experiences of intraprofessional and nurse-patient communication through a Community of Practice lens. *Collegian*, 26(1), 86–94.
- Raya, N. A. J., Winarta, I. W., Rosdiana, I. W., Purnata, I. W., & Widiari, N. K. (2021). Pengalaman Perawat Kamar Bedah dalam Penerapan Keperawatan Transkultural di Bali, Indonesia: Studi Deskriptif Analisis Kualitatif-Kuantitatif. *Jurnal Keperawatan*, 13(2), 147–158.
- Sari, A. N. I., Hariyati, R. T. S., & Afriani, T. (2019). Factors Predisposing Implementation of Effective Nurse Communication: a Systematic Review. *International Journal of Nursing and Health Services (IJNHS)*, 1(2), 61–66.
- Shepherd, S. M., Willis-Esqueda, C., Newton, D., Sivasubramaniam, D., & Paradies, Y. (2019). The Challenge of Cultural Competence in the Workplace: Perspectives of Healthcare Providers. *BMC Health Services Research*, 19(1), 1–11.
- Shirazi, M., Ponzer, S., Zarghi, N., Keshmiri, F., Karbasi Motlagh, M., Khorasani Zavareh, D., & Khankeh, H. R. (2020). Inter-cultural and cross-cultural communication through physicians' lens: perceptions and experiences. *International Journal of Medical Education*, 11, 158–168.
- Stovold, E., Beecher, D., Foxlee, R., & Noel-Storr, A. (2014). Study flow diagrams in Cochrane systematic review updates: an adapted PRISMA flow diagram. *Systematic Review*, 3(1), 1–5.
- Watts, K. J., Meiser, B., Zilliacus, E., Kaur, R., Taouk, M., Girgis, A., ... Goldstein, D. (2018). Perspectives of oncology nurses and oncologists regarding barriers to working with patients from a minority background: Systemic issues and working with interpreters. *European Journal of Cancer Care*, 27(2), 1–9.
- Watts, Kaaren J, Meiser, B., Zilliacus, E., Kaur, R., Taouk, M., Girgis, A., ... Kissane, D. W. (2017). Communicating with patients from minority backgrounds: Individual challenges

experienced by oncology health professionals. *European Journal of Oncology Nursing*, 26, 83–90.