

EXPLORING CULTURE COMPETENCE AMONG REGISTERED NURSES IN PRIVATE TERTIARY CARE HOSPITAL LAHORE

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Keywords

The terms that have been used are cultural Competence, Registered Nurses, Healthcare Disparities, Nursing Education, Tertiary Care and Lahore

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Abstract

Background: Cultural competence is an important construct of behaviors, attitudes and policies that health care professionals need to be effective when working across cultures. Health promotion and closing the gap between ethnic and social groups is critical in a multicultural health care system and culturally competent nursing care plays an important role in this process.

Objectives: The purpose of the research was to find the level of Cultural Competency Awareness among the RN in a private Tertiary care hospital of Lahore.

Methodology: This study was cross sectional descriptive study and convenience sampling of registered nurses was conducted in a private tertiary care hospital with 115 registered nurses. The Use of Cultural Competence Assessment Scale (CCAS) was used in acquiring all the data and the reliability of the scale was high (Cronbach's Alpha = 0.842). Data analysis was done with SPSS 29 comprising of descriptive and inferential statistics.

Results: The findings indicated that overall, the cultural competence awareness of the most of the nurses was at a moderate to high level with a mean score of 3.54 (SD = 0.62). The awareness level of the participants was approximately 55.7% of them had high level of awareness and 40% had moderate level of awareness. The study found that there is no significant difference between the levels of cultural competence awareness of different genders and thus, there is no relationship between gender and level of cultural competence. However, most of the workforce (47.8%) was relatively inexperienced with clinical practice experience of 1-5 years.

Conclusions: The null hypothesis was rejected and it was proved that the registered nurses know about cultural competence. Overall awareness is satisfactory but there is definite need for improvement. The study recommends the preparation of the special training and multiculturalism education programs focusing on theory and practice gap to ensure quality culturally appropriate care.

INTRODUCTION

The term “cultural competence” explains a pattern of behaviors, attitudes, policies, and knowledge that function together in a system, organization, or among health care providers to enable successful cross-cultural work. “Culture” is defined as unified arrangements of individual practices that include the language, concepts, behaviors, customs, values, beliefs, and organization, of social, racial, and religious groups. “Competence” is the ability of a person or organization to operate efficiently within a framework of customs, cultural beliefs, and needs of clients and their communities. Some of the studies looked at cultural differences as differences in health beliefs among different social groups, such as the holistic health beliefs of indigenous people and how these differ from mainstream health beliefs. Other studies examined how communication issues like linguistic discordance and multiculturalism affect clinical interactions.(1)

Although it has many definitions but simply it is the capability of healthcare professionals to implement suitable attitude, knowledge and skills in providing culturally suitable care to different populations. Evidence suggests that people from different ethnic groups experience difficulties in obtaining health care facilities which affect their health outcomes.(2) Cultural competence includes behaviors, attitudes, and policies that help and allow healthcare systems and health care professionals to work successfully in several or different cultural situations and settings(3). Cultural competency is a backbone of clinical nursing practice. It deals with ongoing process as well as health outcomes that develops through knowledge integration, along with continuous learning and improvement.(4-6)

In the current setting of global diversity, culturally congruent care also referred as culturally competent care is an essential and important part of patient-centered care and holistic care for healthcare providers. Understanding how culturally based care, actions, and decisions can influence client’s cultural values, beliefs, worldviews as well as lifestyles to enhance their health and well-being or to avert disease, disability,

or death is essential to providing culturally congruent care.(7)

Due to a number of migration crisis, job possibilities, ecological problems, educational goals and family gathering, the health care system is alarmingly spreading throughout time. Therefore, culturally sensitive services must be developed and provided by healthcare providers, healthcare systems and lawmakers. Healthcare clinicians and health care systems can effectively provide services that indicate social, ethnic and linguistic needs when they are culturally effective.(8)

Transcultural nursing involves the study of cultural differences and similarities in health and illness that emerges from people of different cultural groups. Health disparities between minority and non-minority groups have been demonstrated by several research findings. Some of the factors causing these differences have been recognized as cultural determinants of health, including poverty, racism, and unequal access to care, communication challenges within culture, and inefficient health care provider and patient interactions. To put it another way, there is a higher chance of ill health for immigrants, refugees, and even native individuals who belong to cultural minorities.(9)

Cultural awareness, knowledge, sensitivity, skills, competence, and dynamics are the traits of cultural competency.(10) Cultural competence is considered as a crucial qualification for nursing staff to successfully manage socio-cultural changes and bring down inconsistencies in healthcare delivery. Although people from emigrant and cultural minority groups frequently face inadequate approach to healthcare facilities which may result in multiple health issues. Attempts to completely point out inequalities in the company of emigrant populations are yet under consideration. In this way cultural competence is weighed an essential perspective to reducing disparities in healthcare settings.(11) Cultural knowledge is essential for advancing cultural and intercultural proficiency among staff nurses. It helps nurses to deal with patients having diverse cultural and ethnic background.(9, 12-14)

Understanding the distinctions between yourself and individuals from various groups and cultures with distinctive values requires cultural awareness. Acknowledging one's own beliefs, biases, and presumptions about individuals from different cultures is part of this process. Nurses who possess cultural awareness are better able to deal with comprehend patients' thoughts and behaviors during illness and what factors to take into account when providing care for patients from various ethnic and different cultural groups.(15) A person's everyday life and health-related habits, such as using health services and thinking about illnesses are influenced by their culture. Also the nursing profession is paying more and more attention to cultural competence.(16-19)

Multiculturalism in healthcare setting needs health care professional to acknowledge and address the patient's ethnic demands by giving patient centered care. Reaching this standard of care depends on the knowledge of health care provider about culture competence that enables them to provide culture centered care to various population belonging to different cultures. Nurses especially play a vital role as they directly provide care to the patients. A nurse with quality cultural competencies skill provides compassionate care, using effective communication which results in meeting patients need accurately, reducing healthcare inequalities and improving patient's general outcomes.(20) To guarantee that patients from a variety of cultural backgrounds and with different health believes to receive high-quality, culturally relevant care, healthcare professionals and policymakers must remain up to date on new teaching approaches.(21)

It is necessary to educate future healthcare professionals about factors that affect the health of underserved patient populations, such as their understanding of treatment strategies, ability to recognize symptoms, healthcare needs with accessibility of health services, financial stability and employment opportunities, immigration and insurance status, education, various customs and cultural patterns, religious influences, family support, decision-making patterns, fear of inequity, communication styles, language barriers,

verbal and non-verbal aspects of communication.(22)

There are many studies conducted about cultural competency among nurses throughout the world but in Pakistan, there is limited study about this field. In tertiary care hospitals, patients come from different regions having different cultures. In Pakistan there are number of cultures including Punjabis, Pashtuns, Balochi, Sindhi etc. And they have different religions, traditions and health beliefs. This study is important because it shows the degree of cultural competency among staff nurses in private tertiary hospital in Lahore, where patients come from different socioeconomics and culture settings. Exploring staff culture competency is helpful for findings gaps in healthcare systems. The results of this study may be beneficial for hospital managers and legislators that acknowledged the need for specialized training programs focus on improving knowledge about multicultural approach among staff nurses.

LITERATURE REVIEW

Staff nurses working in tertiary care hospitals, particularly in private healthcare settings where patients come from several cultural, social, and different backgrounds, cultural competence awareness is very important. In order to establish and maintain therapeutic communication and patient centered care in a multicultural community, nurses must provide care that respects patients beliefs, values, and customs. However, if nurses do not have enough awareness about cultural competence, cultural differences may affect patient care and health outcomes. It is necessary to explore existing literature in order to identify current evidence and research gaps on cultural competency among nurses.

A cross sectional study was conducted in acute care settings in Austria to evaluate culture competency of nurses. Data were collected in March 2021 from 915 individuals. The Cultural Competence Assessment German version (CCA-G) was used to find out culture competence. The results showed that nurses had a modest level of cultural competency (mean=3.89; SD=0.48). While 29.7% said they were neither competent nor incompetent, almost half of the participants

(48.4%) thought they were culturally competent. (3.3%) of Nurses thought that, they are somewhat culturally incompetent and only (0.3%) nurses thought that they are very culturally incompetent. A high degree of cultural awareness was revealed by subscale analysis (mean = 4.42; SD = 0.45), especially with regard to the conviction that everyone should be treated with respect regardless of cultural background (mean = 4.92; SD = 0.38). Culturally competent behaviors, on the other hand, received a moderate rating (mean = 3.59; SD = 0.59). Limited access to educational resources on cultural diversity appeared to be as a significant problem (mean = 2.53; SD = 1.27), despite nurses expressed openness to feedback from patients of different cultures. (Mean = 4.33; SD = 0.85). The study concludes that while nurses in Austrian acute care settings have a high level of cultural awareness but there are clear gaps in culturally appropriate behaviors and educational resources. These results highlight the need of organizational support to promote culturally sensitive nursing care and improve patient outcomes in different healthcare setting.(23)

In Iran, a multicenter descriptive study including 153 nurses from three hospitals was carried out during August and October of 2022. The study aims to determine factors that predict cultural competency as well as to evaluate level of cultural competence. The findings indicated that nurses had moderate job conflict (mean = 11.00; SD = 2.38), good empathy (mean = 83.44; SD = 29.17), and moderate cultural competence (mean = 74.05; SD = 7.96). Age ($r = 0.46$), marital status ($r = 0.27$), academic degree ($r = 0.44$), work experience ($r = 0.43$), empathy ($r = 0.50$), and workplace dispute ($r = -0.16$) were all mostly connected with cultural competence. Cultural competency was significantly predicted by academic degree ($\beta = 0.36$) and empathy ($\beta = 0.26$). In conclusion, the study found that critical care nurse's cultural competency is improved by higher education and more empathy.(24)

Zelege et al. (2024) conducted a cross-sectional study in public hospitals of the Northeastern Ethiopia among 629 nurses through simple random sampling by using a structured self-administered Nurse Cultural Competence Scale

Questionnaire (NCCSQ). The aim of the study was to evaluate the level of cultural competence among nurses and find factors affecting it. The total cultural competence of nurses was found to be moderate (mean = 3.198; 95% CI: 3.161–3.234). Female gender ($\beta = 0.089$), 11–20 years of work experience ($\beta = 0.412$), providing care for patients from diverse cultural and ethnic backgrounds ($\beta = 0.362$), working in a comprehensive hospital ($\beta = 0.699$), a favorable nurse-to-patient ratio (1:15, $\beta = 0.081$), higher educational attainment, and participation in cultural training ($\beta = 0.002$) were significant predictors of greater cultural competence. The competency scores of nurses with a diploma level of education were somewhat lower ($\beta = -0.084$). Conclusion of this study was that nurses show a moderate level of culture competence and more improvement is needed. Cross-cultural competence training programs for nurses may improve culture-centered nursing care in clinical settings.

Cai and others conducted a descriptive cross-sectional study in four tertiary care hospitals in Jiangsu Province, China among 325 registered staff nurses using Cultural Competence Inventory for Nurses in China (CCINC). Participants were enrolled through convenience sampling. Data analysis was performed through regression analysis to point out factors influencing cultural competence. The aim of this study was to evaluate the degree of cultural competence among Chinese nurses and to identify demographic and experiential factors affecting their cultural competence. The findings identified that nurses self-rated their cultural competence at a moderate level (mean score = 101.7 out of 145). Younger nurses, those with few years of experience, lower educational level, limited exposure to various cultures, and minimal experience of living in or visiting multi-cultural areas indicated significantly lower degrees of cultural competence. The study concluded that cultural competence training is important for nurses, especially for junior and less experienced staff. Educational institutions and healthcare sectors should offer training programs according to Nurse's cultural competency level to

enhance culture centered care to the highest possible level.(20)

A cross-sectional descriptive study was carried out among 258 male nursing students at a Saudi university in order to assess cultural competency and factors that contribute to health inequalities. The purpose of the study was to evaluate students' cultural competency knowledge, abilities, and comfort level. According to the findings, only 5% of students were very aware about various racial and ethnic groups, compared to 50.8% who were only slightly knowledgeable. 50.4% of students showed strong cultural competency knowledge, awareness and skills, with an average score of 67.99 ± 16.21 . Additionally, factors leading to health inequalities ($r = 0.376$, $p = 0.01$) and cultural competence understanding and cross-cultural comfort ($r = 0.438$, $p = 0.01$) showed positive relationships between them. The study found that male nursing students had comparatively strong cultural competency and understanding of health disparities and inequalities.(25)

A descriptive cross-sectional study conducted in North Indian tertiary care facilities among nursing officers to check their knowledge on culturally competent nursing care. The study included 315 registered nurses selected through purposive sampling. A bio demographic sheet and the 23-item standardized Modified Cultural Awareness Scale were used to gather and collect data. 58% of nursing officers were over 30 age, 52% had six to ten years of clinical experience, and 74% of them worked in inpatient departments (IPD), according to the findings. The majority of participants were educated at the baccaalaureate level. In general, nursing officers showed sufficient understanding of culturally competent care. The study concluded that evaluating cultural competency is much crucial for creating nursing programs and curriculum in the future and assisting nursing administrators and leaders in advancing and providing culturally competent treatment in healthcare facilities.(26)

Registered nurses working in tertiary care hospitals, particularly in private healthcare settings where patients come from several cultural, social, and different backgrounds, cultural competence

awareness is very important. In order to establish and maintain therapeutic communication and patient centered care in a multicultural community, nurses must provide care that respects patient's beliefs, values, and customs. However, if nurses do not have enough awareness about cultural competence, cultural differences may affect patient care and health outcomes. It is necessary to explore existing literature in order to identify current evidence and research gaps on cultural competency among nurses. This study aims to explore awareness of culture competence among nurses, focusing on existing gaps and providing insights that can support culture competent care that enhance patient's health outcomes and guide nursing education.

1.2 Problem Statement:

In order for nurses to treat clients from different cultural and religious backgrounds with respect, equity, and patient-centered care, cultural competence is an important part of nursing practice. Nurses who lack cultural awareness and understanding may face problem in patient satisfaction, communication, and providing quality health services. Many studies shows, that cultural competency affects quality health care delivery and patients health outcomes, is still a problem in Pakistani healthcare settings. There are gaps in healthcare practice and educational frameworks in Pakistani healthcare system, as evidenced by many studies showing that some nurses possess cultural competence while many lack sufficient training in this area. Therefore, in order to find existing gaps, improve nursing awareness, it is required to explore the level of cultural competence awareness among Registered nurses in private tertiary care hospitals in Lahore.(27)

Nurses need to have significant cultural competency understanding due to increasing cultural diversity of patients in tertiary care centers. Inadequate cultural competency skills may result in poor communication, client dissatisfaction, and substandard care. Data related to Registered nurses awareness about cultural competency in the private healthcare setting is insufficient. Therefore, the goal of this study is to

find out how much nurses in a private tertiary care hospital know about cultural competency.

1.3 Hypothesis:

H₀ (Null Hypothesis):

- Registered nurses in a private tertiary care hospital have no awareness about cultural competency.

H₁ (Research Hypothesis):

- Registered nurses in a private tertiary care hospital have awareness about cultural competency.

1.4 Justification of study:

Cultural diversity in healthcare settings is increasing, mainly in private hospitals where patients came from different cultural, religious or socioeconomic backgrounds. Nurses are primary health providers that directly contact with patients. Lack of awareness about culture competency among nurses may effects patient's overall health. There are many studies conducted about cultural competency among nurses throughout the world but in Pakistan, despite its importance in nursing practice limited researches about cultural competency among nurses has been conducted. In Pakistan there are number of cultures including Punjabis, Pashtuns, Balochi, Sindhi etc. Moreover, they have different religions, traditions and health beliefs. This study is important because it will show the degree of cultural competency among staff nurses in private tertiary hospital in Lahore, where patients come from different socioeconomics and culture settings. Exploring staff culture competency is also helpful for findings gaps in healthcare systems.

1. Aim & Objective

2.1 Aim of study:

The aim of this study was to explore the importance of cultural competence in delivering quality and patient centered care.

2.2 Objective:

The study objective was

- To explore the culture competence awareness among registered nurses working in private tertiary care hospital.

2.3 Research Question:

- What level of understanding do registered nurses have in a private tertiary care hospital related to cultural competence?

2. Methodology

3.1 Study Design:

Study design was Cross sectional study design.

3.2 Study Duration:

The duration of this study was from January 2026 to April 2026.

3.3 Setting

The study was conducted in one private tertiary care hospital of Lahore.

3.4 Sampling:

3.4.1 Target population:

Registered nurses (RNs) working in Private Tertiary care Hospital Lahore during the data collection period

3.4.2 Study population:

Registered nurses who were working in private tertiary care Hospital Lahore and meet the Inclusion criteria

3.4.3 Sample size & Calculation:

The sample size was 115 calculated by using (Cochran's Formula).

Sample Size Calculation:

$$n = \frac{Z_{\alpha/2}^2 \cdot p(1-p)}{d^2} \text{ (Cochran's Formula)}$$

Considering the expected proportion (adequate awareness) 50% (p=0.5), a confidence interval of 95% ($Z_{\alpha/2}=1.96$) and margin of error 5% (d=0.05),

the estimated size for the sample is 384 nurses, which is not possible in a single hospital, as in the hospital the registered nurses are limited so using the finite population correction factor:

$$n = \frac{n_0}{1 + \frac{(n_0 - 1)}{N}}$$

The admin department of Private tertiary care Hospital Lahore shows that there are 160 registered nurses are on duty in Jan 2026, so N=160, after substituting the values in the formulas and calculation we get a total sample size of 115 nurses approximately. So finally, the minimum sample size for the study is 115 registered nurses.

n = 115 (approximately)

3.4.4 Sampling Method

Convenience sampling was used for data collection. This method was chosen because participants are easily accessible that make data collection efficient within the available time and resources.

3.4.5 Sampling selection

A) Inclusion criteria:

The study included those who

- All registered Nurses
- Age between 25 to 60.
- With at least 6 months of experience
- Nurses who sign the written informed consent form.
- Both male and female

B) Exclusion criteria:

The study was excluded for those who

- Student’s nurses and interns.
- Nurses in administrative positions.
- Nurses on leave during data collection.
- Nurses working in Operation Theater.

3. Experimental work

4.1 Study Variable:

- Culture Competence awareness.

4.2 Data collection tool:

The tolls that were included in data collection

• **Social Demographic data:**

Age, Gender, level of education, years of experience, different language knowledge, cultural competence level and prior training about cultural competence.

• **Questionnaire about cultural competence knowledge:**

For cultural competence awareness assessment among registered nurses working in private tertiary care hospital in Lahore, an adopted questionnaire was used. The questionnaire was adopted from central Vancouver Island multicultural society (2012). The questionnaire contains items that was measured on a 5-point Likert scale. It includes 18 questions that indicates cultural competence awareness among nurses. It examines nurse’s awareness related to multi-cultural, religious and social beliefs.

4.3 Timeline:

ACTIVITIES:	November 2025	December 2025	January 2026	February 2026	March 2026	April 2026
Topic discussion						
Introduction and literature review and Methodology						
Synopsis submission & IRB approval						
Data Collection						
Data analysis						
Results						

Final submission						
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4.4 Ethical Considerations:

To protect study participants, a number of precautions were taken

- Prior to data collection, all participated nurses were provided written informed consent.
- Participants were guaranteed that the data collected w used only for research purposes and that all information will remain strictly confidential.
- All participants were informed that they have right to withdraw from the study at any time without facing any negative outcomes.
- Any questions regarding the questionnaire were clarified immediately at the time of data collection.

4.5 Data analysis:

- Data was analyzed using SPSS, version 29.

- Before performing the analysis, the data was check for completeness.
- The frequencies and percentages were calculated for qualitative data.
- The quantitative data was analyzed through mean, percentages.
- Chi-square was used for categorical data.
- A P value of equal or less than 0.05 was considered significance.

RESULTS

5.1 Demographic Characteristics of participants.

Gender wise, the findings indicated that majority of the participants were females with 70.4% and 29.6% are males. This implies that the nursing population in the study area consists majorly of women, which is in agreement with the general trend in the nursing field.

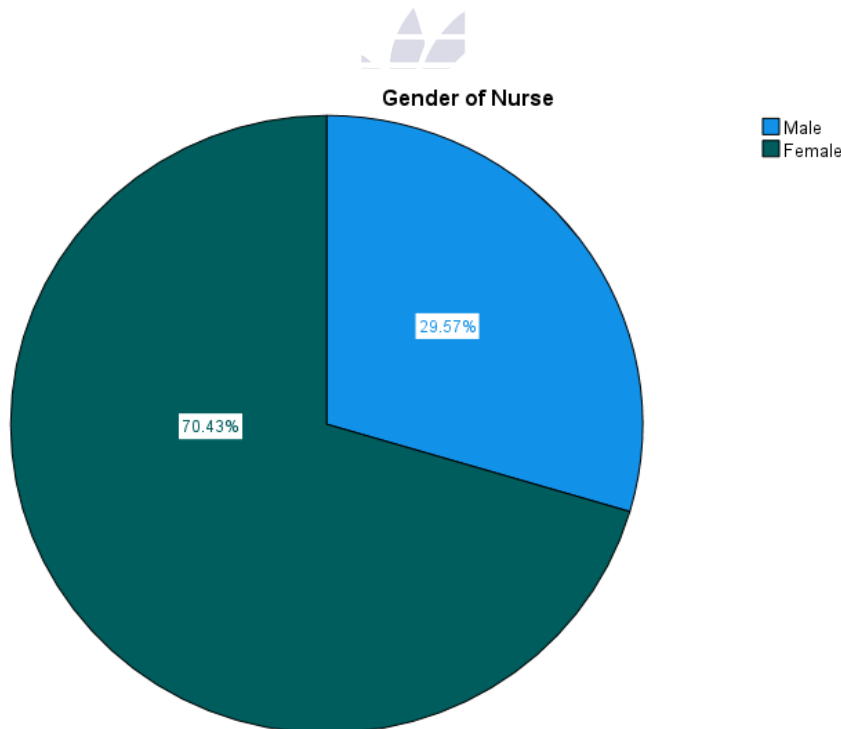


Figure 1: Gender of Participants

The age of provision of the respondents was relatively young with more than fifty percent (53.9) falling between the ages of 25 and 30 years. The

31-40 years age group was 21.7 percent and it was immediately followed by 41- 50 years of age with a small percentage of (20.9) left behind a small

percentage of 51-60 years age group (3.5). This is an indication that most of the nurses are young to middle-aged.

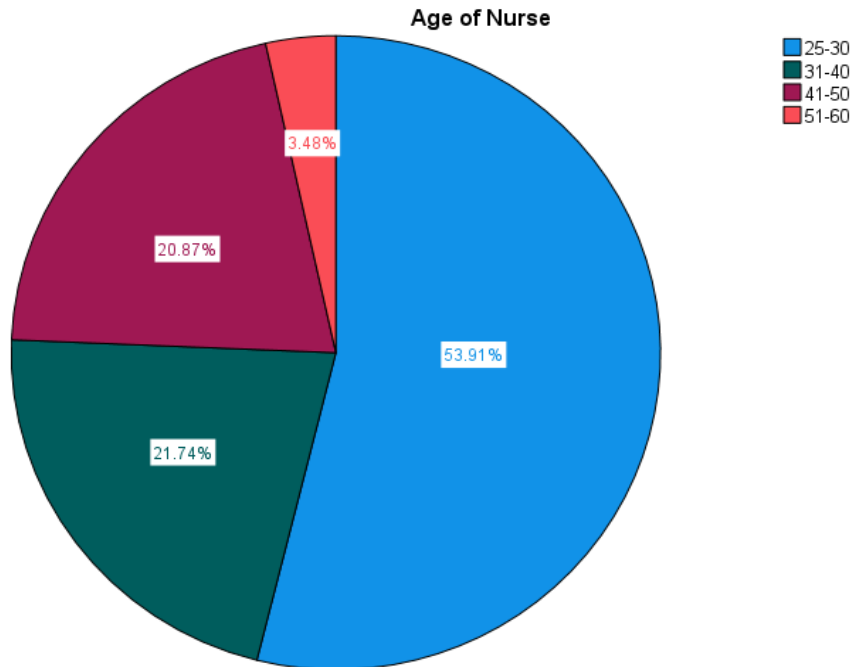


Figure 2: Age of Nurses



In terms of educational level, a little over half of the participants (51.3) had graduate degree, 45.2 had a diploma in nursing and only 3.5% were postgraduates. This implies that postgraduate

education is relatively low among the respondents, despite the fact that majority of the nurses have acquired higher education.

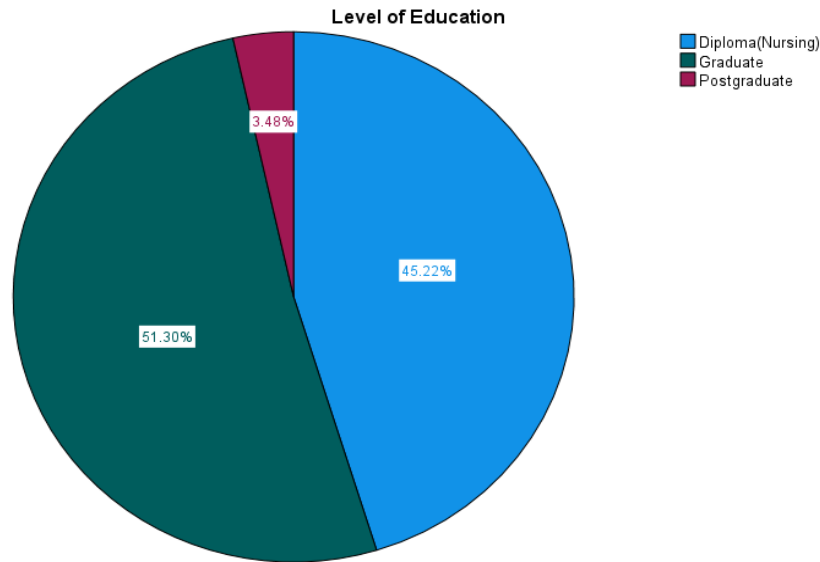


Figure 3: Level of education

Speaking of years of experience, the biggest group (47.8) was comprised of individuals with 1-5 years of experience, which indicates that relatively less experienced nurses represent a major percentage of the sample. About 24.3% had 6-10 years of

experience, while 19.1% had more than 15 years, and only 8.7% had 11-15 years of experience. Such distribution indicates the presence of both junior and experienced nurses, though the latter ones prevail in the sample.

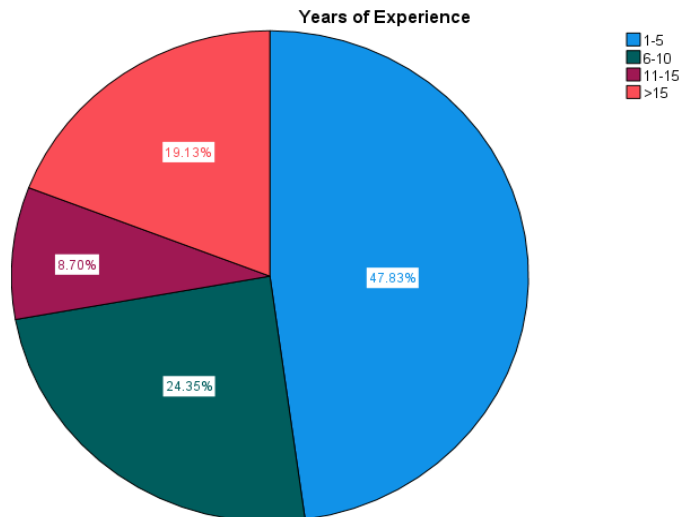


Figure 4: Year of Experience

5.2 Reliability of the Cultural Competence Scale

Cronbach’s Alpha was used to test the internal consistency of the Cultural Competence

Assessment Scale. The value obtained in the analysis was 0.842, thus showing good instrument reliability.

Table 5.1: Reliability Statistics

Cronbach’s Alpha	Number of Items
0.842	18

5.3 Level of Cultural Competence Awareness

The mean score was positively used to measure the level of overall cultural competence awareness

with the help of Cultural Competence Assessment Scale.

Table 5.2: Mean and Standard Deviation of Cultural Competence Score

Variable	N	Mean	Std. Deviation	Minimum	Maximum
Mean_ CCAS	115	3.54	0.62	1.44	4.67

The results showed that the mean value was 3.54 and SD at 0.62 suggesting that the cultural competence awareness of the nurses was moderate. These scores ranged between 1.44 and 4.67 and this depicts that despite those who were low in awareness, there were those who were high in cultural competence.

The average mean score indicates that nurses have a fair knowledge of cultural diversity, respect of different beliefs, and knowledge of culturally sensitive care. Nevertheless, it also suggests that the area still needs improvement, especially concerning fostering the practical implementation and more profound insight into cultural competence in clinical scenarios.

Table 5.3: Item-wise Distribution of Cultural Competence Responses (N = 115)

Sr.No	Question	Response Category	N	%
1	I avoid stereotyping and generalizing other people based on their group identity.	Never	15	13.0
		Rarely	12	10.4
		Sometimes	24	20.9
		Often	40	34.8
		Always	24	20.9
2	I am open to other people’s feedback about ways in which my behavior may be culturally insensitive or offensive to others.	Never	8	7.0
		Rarely	12	10.4
		Sometimes	40	34.8
		Often	35	30.4
		Always	20	17.4
3	I give equal attention to other people regardless of race, religion, gender, socioeconomic class, or other difference.	Never	5	4.3
		Rarely	6	5.2
		Sometimes	25	21.7
		Often	36	31.3
		Always	43	37.4
4	I demonstrate my commitment to social justice in my personal life by engaging in activities to achieve equity.	Never	3	2.6
		Rarely	20	17.4
		Sometimes	36	31.3
		Often	29	25.2
		Always	27	23.5
5	I educate myself about the culture and experiences of other racial, religious, ethnic, and socioeconomic groups.	Never	10	8.7
		Rarely	27	23.5
		Sometimes	20	17.4
		Often	31	27.0

Sr.No	Question	Response Category	N	%
6	Spiritual and religious beliefs are important aspects of many cultural groups.	Always	27	23.5
		Disagree	4	3.5
		Somewhat disagree	10	8.7
		Neither agree nor disagree	19	16.5
		Somewhat agree	37	32.2
7	Individuals can identify with more than one cultural group.	Agree	45	39.1
		Disagree	24	20.9
		Somewhat disagree	17	14.8
		Neither agree nor disagree	23	20.0
		Somewhat agree	32	27.8
8	I believe that everyone, regardless of their cultural heritage, should be treated with respect.	Agree	19	16.5
		Disagree	3	2.6
		Somewhat disagree	15	13.0
		Neither agree nor disagree	24	20.9
		Somewhat agree	24	20.9
9	I understand that people from different cultures can define the concept of "health care" in different ways.	Agree	49	42.6
		Disagree	5	4.3
		Somewhat disagree	17	14.8
		Neither agree nor disagree	30	26.1
		Somewhat agree	42	36.5
10	I think that my knowledge about different cultural groups can help me in my work with individuals, families, and groups.	Agree	21	18.3
		Disagree	3	2.6
		Somewhat disagree	11	9.6
		Neither agree nor disagree	33	28.7
		Somewhat agree	29	25.2
11	I seek information about cultural needs when I meet new people.	Agree	39	33.9
		Never	7	6.1
		Sometimes	18	15.7
		About half the time	22	19.1
		Most of the time	48	41.7
12	I have access to textbooks and materials about different cultures.	Always	20	17.4
		Never	16	13.9
		Sometimes	25	21.7
		About half the time	19	16.5
		Most of the time	41	35.7
13	I ask people about expectations regarding nursing care services.	Always	14	12.2
		Never	10	8.7
		Sometimes	17	14.8
		About half the time	33	28.7
		Most of the time	41	35.7

Sr.No	Question	Response Category	N	%
14	I avoid using generalizations to apply stereotypes.	Always	14	12.2
		Never	17	14.8
		Sometimes	8	7.0
		About half the time	14	12.2
		Most of the time	52	45.2
15	I recognize barriers to healthcare services.	Always	24	20.9
		Never	7	6.1
		Sometimes	12	10.4
		About half the time	34	29.6
		Most of the time	36	31.3
16	I remove barriers affecting people from different cultural backgrounds.	Always	26	22.6
		Never	5	4.3
		Sometimes	16	13.9
		About half the time	28	24.3
		Most of the time	32	27.8
17	I gladly accept feedback from clients.	Always	34	29.6
		Never	5	4.3
		Sometimes	18	15.7
		About half the time	30	26.1
		Most of the time	27	23.5
18	I adapt nursing services to fit cultural preferences.	Always	35	30.4
		Never	5	4.3
		Sometimes	13	11.3
		About half the time	20	17.4
		Most of the time	42	36.5
		Always	35	30.4

5.4 Awareness Levels Distribution.

The mean scores were further divided into three levels, namely low, moderate, and high to gain a

better insight into the level of cultural competence.

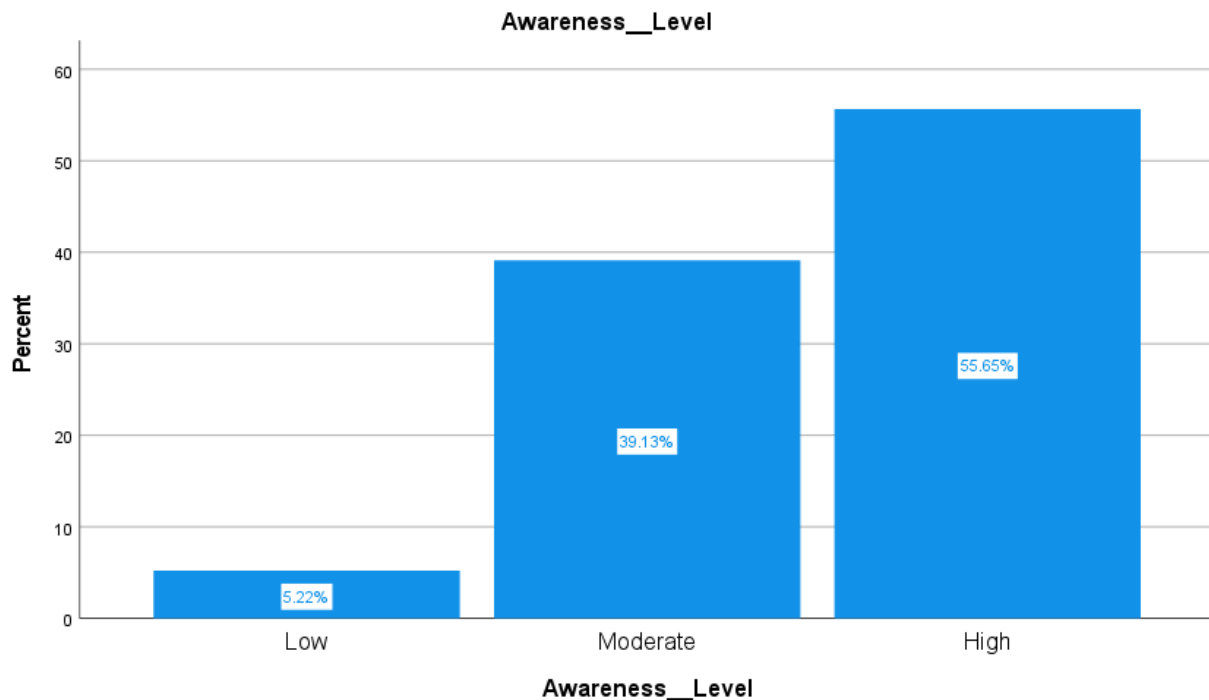
Table 4.5: Distribution of Awareness Level (n = 115)

Awareness Level	Frequency	Percentage (%)
Low	6	5.2
Moderate	45	39.1
High	64	55.7

The results showed that most nurses (55.7%) were highly culturally competent and 39.1% of the nurses displayed moderate awareness. The percentage of the participants who were in the low awareness category was very low (5.2%).

The distribution shows that a majority of the nurses have knowledge on cultural diversity and its relevance in health care provision. The moderate and high rates of nurses are a good indicator of a

generally positive level of cultural competence in the study population.



Discussion

Cultural competence is a crucial aspect of modern nursing practice because it allows nurses to treat clients from a variety of cultural backgrounds in a courteous, efficient, and patient-centered manner. Culturally competent nurses can boost patient satisfaction and care quality, decrease inequities in healthcare and improve communication and relationship building with patients in multicultural healthcare environments. In order to provide guaranteed safe and cultural competent healthcare services to all the patients from different cultures it is crucial to evaluate nurse’s cultural competence.

The current study investigated registered nurses awareness of cultural competence in a private tertiary care hospital. The results showed that only 5.2% of nurses had low awareness, 39.1% had moderate cultural competence knowledge and awareness, and the majority (55.7%) had high awareness of cultural competency. These finding revealed that the majority of nurses had enough knowledge and awareness about culturally competent nursing care.

In terms of demographics, 29.6% of the sample consisted of male nurses, while 70.4% of the participants were female nurses. Tolentino Diaz et al. (2023) found similar findings in the study, where the majority of participants were also female nurses. This similarity may be because that nursing is a female’s dominated profession in many healthcare systems around the world including Pakistan.(28)

The majority of participants in the current study (53.9%) were between the ages of 25 and 30. Schenk et al. (2022), who also found that a greater percentage of the sample consisted of younger healthcare workers, found similar results. Due to their recent education, updated nursing curriculum and increased exposure to intercultural and diversity setting throughout training, younger nurses may have more awareness about cultural competence. (11) In term of education level, the majority of participants (51.3%) were graduates, followed by diploma holders (45.2%) with only 3.5% of nurses being postgraduates. These results align with the study by Liu et al. (2022), which findings revealed that increased cultural competency among nurses was

linked to greater educational level and preparedness.(29)

Similarly, the results regarding work experience revealed that 47.8% of nurses had one to five years of experience. Wang et al.'s study from 2022, which also revealed that a major portion of the sample consisted of nurses with fewer years of clinical experience.(30) Due to modern and advanced nursing education and training, nurses who have recently entered the workforce may have a better awareness of culturally competent care.

The study by Tolentino Diaz et al. (2023), which revealed moderate to high cultural competence among nurses working in diverse healthcare settings, is comparable to the general findings of the current study where the majority of nurses also shows high cultural competence awareness.(28) Similarly, Schenk et al. (2022) also found that healthcare workers demonstrated high levels of cultural competency, especially with organizational support, advance education and intercultural experience.(11)

However, the results of current study are different from a Chinese study by Wang et al. (2022), which found that clinical nurses had somewhat lower levels of critical cultural competency awareness. Differences in healthcare systems, cultural diversity, hospital policies and educational level could be cause of this difference. Additionally, variations in evaluation instruments and sample sizes could account for the difference in results.(30)

Overall, the results of this study show that nurses at the private tertiary care hospital Lahore had high awareness of cultural competency knowledge. Higher awareness levels might have resulted from factors like younger age, graduate-level education, and recent clinical exposure. To further enhance nurse's knowledge, awareness and clinical practice in diverse multicultural healthcare settings, ongoing professional education programs, workshops, seminars and training sessions about culturally competent care should be promoted.

Recommendations:

Administrators Support: To raise the standard of healthcare services, nursing administrators should support and organize seminars on transcultural

nursing practices and ongoing professional development programs.

Specialized Training: Specialized training or educational programs are need to enhance multicultural knowledge and skills of staff nurses.

Institutional Support: In order to foster respect, equality, and patient-centered care, healthcare organizations should support a culturally inclusive workplace.

Curriculum Integration: To improve nursing students' comprehension of culturally sensitive care, nursing schools should include cultural competency principles into their undergraduate and graduate nursing courses.

Settings addition: To get more comprehensive and broadly applicable results about nurses' cultural competency, more research need to done in a variety of hospitals and healthcare facilities.

Limitations of the Study:

Confinement to study area: This study was restricted to one private tertiary care hospital of Lahore.

Sample Size: They have a relatively small sample size, with 115 registered nurses nurtured. A larger sample (multi centers) would give more accurate representation of the population.

Cross-Sectional Design: This research used the cross-sectional approach with an element of taking a "snapshot in time". Does not reflect changes or shifts in the evolution or level of cultural competence over past or future career experiences or following life changes.

Chances of Response Biases: Self-reported questionnaires were used to gather data, which may have introduced response bias or socially acceptable replies.

Time and Response Limitation: Limited time and resources may have affected the depth of data collection and analysis.

Conclusion:

A crucial component of nursing practice is cultural competency, which enables nurses to treat patients from a several cultural backgrounds in an efficient, courteous, and patient-centered manner. The majority of nurses showed that moderate to high awareness about culturally competent care, according to the study's findings. The majority of participants were female, young adults, recent graduates, and nurses with fewer years of work experience, according to demographic data. The results of the study were consistent with a number of recent international studies that also found that nurses had moderate to high levels of cultural competency. When compared to research carried out in other nations, several inconsistencies were noted and that can be result of disparities in healthcare systems, organizational support, educational opportunities, and exposure to cultural diversity. Overall, the study emphasizes how crucial professional development, ongoing education, and institutional support are for improving nurses' cultural competency. In multicultural healthcare settings, enhancing cultural competency can lead to better nurse-patient interactions, relationship, efficient communication, increased patient satisfaction, and better healthcare services.

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