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Core Values and Culture Diversity in Nursing Profession: Enhancing Patient Quality of Care Outcomes in Privatization Era through Systematic Review

¹Abdulaziz Mohammed Yahia Sharahili,²Dr. Rafaqat Islam,³Salah Awdah Hmed Al Balawi,⁴Amal Ali Hassan Swadi,Musheera Moraia Hussein Shrahili,⁶Ahmed Musnet Subitan Alrashidy,⁷Maryam Hamza Ali,⁸Amnah Mohd Jaber Sharaheli,⁹Somaiah Yehia Mobarki,¹⁰Fahad Fehaid Ayed Aloudah,¹¹Moroj Mohamed Alqassim,¹²Rayan Salem Albalawi

- 1. AlArdah General Hospital
- 2. Principal Cadet College Tarbela
- 3. King Salman bin Abdulaziz Medical City, Madinah Specialized Psychiatric Hospital
 - ^{4.} Ahad Almasareha General Hospital
 - 5. Ahad General Hospital
 - 6. Hail General Hospital
 - 7. Almulagih Health Centre
 - 8. Ahad Almasareha General Hospital (NICU)
 - 9. Ahad Almasareha General Hospital (ER)
 - ^{10.} Baqaa General Hospital
 - ^{11.} Alahd Hospital
 - ^{12.} King Salman Medical City in Madinah

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Abstract

Background: Nursing Cultural Competence has become a crucial element in guaranteeing equivalent and compelling patient care in private healthcare systems. Culturally sensitive care is required to serve growing diversity of patient populations and the focus on efficiency in efforts to privatize care. Nevertheless, resource constraints, policy gaps, and inconsistent training are barriers to nursing integration of cultural competence into practice.

Aim: This systematic review focuses on the impact of cultural competence and cultural diversity on patient care outcome in the privatized healthcare systems. It looks at ways to incorporate cultural competence in nursing practice and determine their effect on patient outcomes.

Method: This review followed PRISMA guidelines and analysed 10 primary studies in this space published between 2020 and 2024. A structured search was conducted of databases such as PubMed, CINAHL, Scopus, Google Scholar and ProQuest to identify the studies. Synthesis data was used to discover key themes regarding cultural competence, its challenges, and educational approach advantages in nursing care.

Results: The results demonstrated that culturally competency care contributes to increased patient satisfaction and reduces health disparities, while improving patient safety. Several of the cited frameworks for training and practice were Purnell's model and frameworks such as Campinha-Bacote's. In addition,

challenges particular to privatized healthcare including systemic barriers and policy gaps were identified. Evidence from the seven high quality studies was particularly strong.

Conclusion: Privatized healthcare systems will flourish through better patient outcomes if nurses have cultural competence within the field. Barriers to implementation of integrated systems of care are identified and the importance of standardized training, policy integration, and sustained educational efforts on overcoming these barriers and promoting equitable care are highlighted.

Keywords: Nursing, cultural diversity, cultural competence, patient outcomes, health equity, cultural humility, privatized healthcare.

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Introduction

Cultural competence has attained high relevance today for provision of effective nursing care in today's increasingly diverse healthcare systems. As nurses take a front seat to care that takes into account and respects the cultural backgrounds, beliefs and practice of their patients. But it is more than cultural preference; it is about better health outcomes driving better trust, and working with communities historically excluded from health research and clinical interventions. As we move towards privatized healthcare, where competition and efficiency often decide the agenda, understanding how to deliver culturally sensitive care is more important than ever before (Lekas et al 2020; Smith et al 2022; Yousef et al 2019). If the growing demographics of patients become more diverse, it is important for healthcare providers realize the importance of cultural competence to ensure that all patients receive fair and effective treatment.

The privatization of healthcare has brought with it advancements, and innovation, but it is a challenge in its deliver to marginalized communities. The truth is, not everyone enters the healthcare system where they have an advantage. The backbone of patient care, nurses have a particularly unique opportunity to mitigate inequalities by being able to provide culturally competent care. Cultural sensitivity research indicates that if nurses practice cultural sensitivity, there is greater likelihood of stronger patient relationships, better communication and subsequently better health outcomes (Stubbe, 2020; Bradley, 2020; Barral et al., 2023). In addition, cultural humility (providers keeping an open mind in learning from their patients) helps address power imbalances, and thus safer, more inclusive environment for all (Lekas et al., 2020; Vatwani, 2024; Constantinou et al., 2022).

With healthcare's increasing globalization and increased cultural diversity of patient populations, structured approaches to cultural competence are necessary. Campinha-Bacote's framework or Purnell's model is just one model that nurses can use to help guide them to awareness, knowledge, and abilities needed to address cultural differences. Implementations of these frameworks in clinical practice as well as healthcare education have been shown by studies to meaningfully improve both patient care as well as satisfaction (Yousef et al., 2019; Safdar & Qadir, 2024; Constantinou et al., 2022). In addition to all of the above, these frameworks also emphasize a need for institutional commitment to diversity and inclusion in privatized healthcare systems in order to create workplaces in which both staff and patients are valued and respected (Smith et al., 2022; Stubbe, 2020; Bradley, 2020).

The aim of this review is to look at the impact of nursing core values and cultural diversity to optimise patient outcomes in privatized healthcare settings. Through an examination of existing research and commonly used frameworks, it demonstrates what nursing professionals and healthcare organizations can do to support equitable care for all. Ongoing education of healthcare providers, reforming the institutional policies and growing inclusive leadership practices are some of these strategies. However, as healthcare progress, the ability to accept and shift with cultural diversity will continue to be a foundation of high calibre, patient oriented care (Lekas et al., 2020; Vatwani, 2024; Barral et al., 2023). From that perspective, nursing professionals can effectuate change that lasts within the lives of their patients.

Problem Statement

As patients become increasingly diverse, and the delivery of care increasingly privatized this healthcare is becoming increasingly complex. Privatization may, on the one hand, promise efficiency and innovation, but it can on the other, bring greater disparities in access and equity, especially among culturally diverse or underserved patients. Nurses, who are the first point of contact in most patients, have unique challenges to overcome these gaps. And they are often charged with providing care to people whose cultural beliefs, languages and needs are quite different from their own. Unfortunately, many healthcare systems don't give nurses enough resources and training to deal with them well. Without this support, we see miscommunication, mistrust and worse outcomes for our patients. This needs to be addressed; within the context of healthcare, where cultural competence is (or should be understood to be) a core aspect of providing both fair and efficient care.

Significance of Study

Cultural competence in nursing is super important. Now more than ever, as patient populations become more and more diverse, nurses can use their training to make a difference in caring for patients in ways that respect and that respond to their cultural needs. Privatized healthcare examples include settings where, because of the emphasis on efficiency, cultural considerations could be dropped. The purpose of this study is to illuminate cultural competence as an instrument for improving patient outcomes as well as developing trust between providers and patients in health care. By illustrating the many ways in which culturally competent care can impact health disparities and help make sure that no matter what a patient's background is, that they feel seen, heard, and respected. This research will focus on nursing practice, nursing education, and nursing policy to provide actionable learning for building inclusive health systems that meet everyone.

Aim of the Study

In this context of the privatization of health care, this study aims at examining the role of cultural competence in improving the patients' outcomes. It will also look at how healthcare institutions can aid with training and policies to better support the integration of cultural awareness and sensitivity into normal nursing professional practice. The study attempts to provide practical suggestions for nurse, educators and policymakers to implement by identifying strategies to bridge the existing cultural gaps in patient care. Finally, this leads to a point where we want cultural competence to be part of the core values that nursing is practiced as in order to create a healthcare system that provides compassionate, personalized and fair care for all patients, irrespective of their background.

Methodology

Using a structured approach, this systematic review compares and analyses how situations in privatized healthcare systems can be enhanced by the contribution of core nursing values and cultural diversity into patient's care outcomes. The aim is to synthesize peer reviewed studies about the integrating the imperative of cultural competence in nursing practices. The review is aimed to systematically identify, evaluate and combine relevant literature published in 2020 – 2024 following PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) guidelines. Both qualitative and quantitative studies are combined to give a complete understanding on the topic.

Search of electronic databases, namely, PubMed, CINAHL, Scopus, and Google Scholar, was initiated using the keywords including "cultural competence," "nursing care," "healthcare privatization," "patient outcomes" and "cultural diversity." The bibliographies and journal searches were also conducted manually to rule out the 'omission' of any critical studies. Potential studies were identified and then duplicates were removed, followed the remaining articles screened based on their titles, abstracts and adherence to inclusion and exclusion criteria. Full-text analysis of selected articles was used to determine whether each article fit the objectives of the study.

Research Question

How do core nursing values and cultural diversity influence patient outcomes in privatized healthcare systems, and what strategies can enhance the integration of cultural competence into nursing practice?

Selection Criteria

Inclusion Criteria

- **Publication Date:** Studies published between 2020 and 2024.
- Language: Articles written in English.
- **Study Focus:** An examination of the research with regard to cultural competence, diversity in nursing, and patient outcomes in privatized healthcare systems.
- Study Design: Qualitative, quantitative or mixed methods peer reviewed empirical studies.
- **Population:** Nursing professionals and the patient populations in diverse cultural settings studied.
- Accessibility: Articles to review in text format.

Exclusion Criteria

- Outdated Research: Articles prior to 2020.
- Non-English Publications: Not available in English.
- Irrelevant Focus: Non nursing, cultural competence, or privatized healthcare related studies.
- Unpublished or Non-Peer-Reviewed Studies: Editorials, conference abstracts, opinion pieces, and grey literature.
- Insufficient Data: Articles without robust data or a clear methodology.

Database Selection

Several databases were chosen for conducting this systematic review to facilitate a wide variety of the studies that were relevant in this regard. The databases selected for inclusion were chosen because of their large scope of nursing and healthcare literature and culture competence literature. The search was undertaken using well-constructed syntax appropriate for each database.

Table 1: Database Selection Table

| No | Database | Syntax | Year | No. of |
|----|----------|--|-----------|---------|
| | | | | Studies |
| | | | | Found |
| 1 | PubMed | ("Cultural Competence"[MeSH]) AND | 2020-2024 | 126 |
| | | "Nursing" AND "Privatized Healthcare" | | |
| 2 | CINAHL | TI ("Cultural Competence" AND "Nursing" | 2020-2024 | 92 |
| | | AND "Patient Outcomes") | | |
| 3 | Scopus | TITLE-ABS-KEY ("Cultural Diversity" | 2020-2024 | 103 |
| | | AND "Nursing" AND "Healthcare Systems") | | |
| 4 | Google | "Cultural Competence" + "Nursing" + | 2020-2024 | 145 |
| | Scholar | "Privatized Healthcare" | | |
| 5 | ProQuest | ("Cultural Competence" AND "Diversity in | 2020-2024 | 78 |
| | | Nursing") AND "Patient Outcomes" | | |

Data Extraction

The data extraction process was made systematically to secure the accuracy and the relevance of the selected studies. Key information extracted from each study included

- **Study Details:** Author(s) title, journal, publication year.
- **Study Objectives:** Aims and specific research questions addressed the study.
- Methodology: The study's design, population, sample size and research methods.
- **Key Findings:** Results pertaining to cultural competence, to patient outcomes and to privatized healthcare systems.
- Relevance to Research Question: A brief idea of how the study is critical to the systematic review.

Search Syntax

Primary Search Syntax:

- 1. PubMed: ("Cultural Competence"[MeSH]) AND "Nursing" AND "Privatized Healthcare"
- 2. **CINAHL**: TI ("Cultural Competence" AND "Nursing" AND "Patient Outcomes")
- 3. Scopus: TITLE-ABS-KEY ("Cultural Diversity" AND "Nursing" AND "Healthcare Systems")
- 4. Google Scholar: "Cultural Competence" + "Nursing" + "Privatized Healthcare"
- 5. **ProQuest**: ("Cultural Competence" AND "Diversity in Nursing") AND "Patient Outcomes"

Secondary Search Syntax:

- PubMed: ("Cultural Sensitivity"[MeSH]) OR "Diversity in Nursing" AND "Health Equity"
- CINAHL: TI ("Cultural Awareness" OR "Cultural Sensitivity") AND "Healthcare Systems"
- Scopus: TITLE-ABS-KEY ("Cultural Humility" AND "Nursing Practice") OR "Health Disparities"
- Google Scholar: "Cultural Sensitivity" + "Health Outcomes" + "Healthcare Systems"
- ProQuest: ("Cultural Competence" OR "Cultural Humility") AND "Nursing Leadership"

Literature Search

The compiled literature was collected by searching the literature for relevant studies that investigated the link between cultural competence in nursing and patient care outcomes, under the context of privatized healthcare services. Multiple electronic databases were searched including PubMed, CINAHL, Scopus, Google Scholar, and ProQuest so guarantee of thorough and systematic approach. We carefully selected these databases for their far-reaching healthcare and nursing literature coverage. To ensure we explore the most up to date research and trends, we narrowed our search to articles published between 2020 and 2024.

Full articles were reviewed by reviewing article titles, abstracts, and full texts to ensure the relevance to the topic of interest. A supplementary manual search of reference lists of the chosen studies was also performed in order to locate remaining relevant articles. Finally, the duplicate studies were removed to avoid redundancy, and only peer reviewed journal articles were included in the inclusion. This first search yielded a large number of studies that were subsequently screened systematically for inclusion.

Selection of Studies

Only the studies which were relevant to the aim of a systematic review to explore whether cultural competence enhances patient care outcomes in privatized healthcare systems were included. The articles chosen addressed the integration of cultural diversity with nursing practice, the desirability of integrating cultural diversity in improving patient outcomes, as well as challenges of privatized healthcare systems. It was ensured in selection that studies representing different methodologies, qualitative, quantitative and mixed method research, were selected so as to provide a holistic perspective of the topic.

Exclusion of studies which focused only on unrelated facets of healthcare or were not directly related to cultural competence in nursing were done during the screening stage. The research aimed to guarantee that all the selected articles contained useful insights in relation to the research question.

Study Selection Process

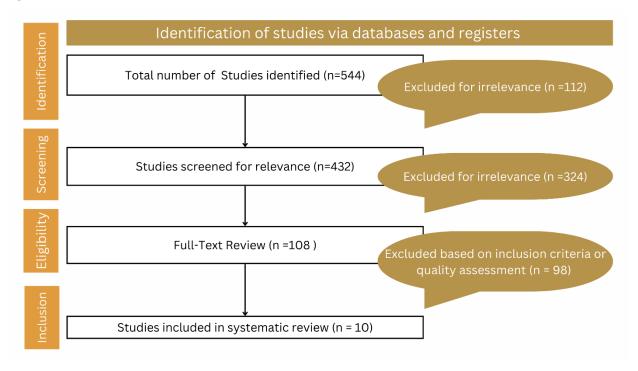
The study selection process was conducted in three main stages:

- **Initial Screening:** A review was undertaken to select relevant studies to the systematic review's objectives, reviewing the titles and abstracts of all identified studies. At this stage articles were excluded that clearly did not address cultural competence, nursing practice, or patient outcomes in a privatized healthcare structure
- **Full-Text Review:** Potentially relevant studies were identified and full-text articles refined by details to review. Through this step, we ensured that the articles under consideration for their inclusion were relevant to the research topic under consideration and had a proper methodological rigor.
- **Final Selection:** The studies for the final set of studies were selected based on how they address the research question, as well as if they align with the scope of the systematic review of the relevant literature. Any discrepancies in the selection process were discussed among the selection team and objectivity and consistency were achieved through consensus.

Figure 1: PRISMA Flowchart

Systematic selection of studies for inclusion in this review using PRISMA flowchart was done. It explains how many studies were retrieved, screened out, excluded and also selected for actual analysis.

Figure 1: PRISMA Flowchart



Quality Assessment of Studies

The 10 included studies were assessed for validity and reliability using standardised quality criteria to confirm findings. Each study was reviewed based on the following factors:

- **Relevance:** The alignment with the research question: cultural competence; nursing; patient outcomes in privatized healthcare systems.
- **Study Design:** Rigor and appropriateness of the methodology, in particular whether the design succeeded to meet the objectives.

- **Clarity of Data:** Data collection, analysis and finding presentation in a transparent way.
- **Ethical Standards:** Evidence of adherence to ethical research practices (e.g., informed consent and ethics board approval) has been observed for studies evaluating analogical behavioural interventions.
- **Findings and Implications:** The results' strengths and their generalizability to nursing practice and patient care outcomes.

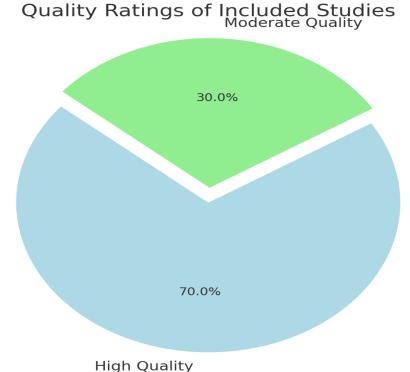
Table 2: Assessment of the Literature Quality Matrix

| # | Author | Study Selection Process Described | Literature Coverage | Methods Clearly Described | Findings Clearly Stated | Quality Rating |
|----|--------------------------------|--|------------------------|---------------------------------|-------------------------------|-------------------|
| 1 | Červený et al., 2024 | Yes | Comprehensive | Detailed | Clear | High |
| 2 | Foronda et al., 2022 | Yes | Comprehensive | Detailed | Clear | High |
| 3 | Hameed, 2024 | Yes | Comprehensive | Detailed | Clear | High |
| 4 | Jasmina Veličković, 2023 | Yes | Moderate | Adequate | Clear | Moderate |
| 5 | Mojini et al., 2024 | Yes | Comprehensive | Detailed | Clear | High |
| 6 | ÖZEN & KAHRAMAN, 2021 | Yes | Moderate | Adequate | Clear | Moderate |
| 7 | Susanti et al., 2024 | Yes | Comprehensive | Detailed | Clear | High |
| 8 | Thiyagarajan & Yadav, 2023 | Yes | Comprehensive | Detailed | Clear | High |
| 9 | Bakhsh et al., 2023 | Yes | Moderate | Adequate | Clear | Moderate |
| 10 | Betül Tosun et al., 2023 | Yes | Comprehensive | Detailed | Clear | High |

The Quality Matrix of the Literature Assessment evaluates the quality of the 10 main studies included in the Systematic Review. Assessment of each review included considering whether the study selection process was described, the comprehensiveness of literature coverage, clarity of used methods, and the explicitness of findings.

- **High Quality:** Of the seven studies (70%) met the evaluation criteria with robust methodologies and important contributions to the research objectives.
- **Moderate Quality:** Three studies (30%) were moderately rigorous but yielded useful insights, especially where good quality data may be scarce.
- **Low Quality:** Systematic review was highly credible and reliable as no low-quality studies were included. This review has a good evidence base—the predominance of good quality studies allows for the synthesis

and reliable conclusions on the topic.



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Data Synthesis

Data synthesis employed an integrative technique to compile and evaluate the results from these studies. Key themes and insights were identified to address the research question: " "How do core nursing values and cultural diversity influence patient outcomes in privatized healthcare systems, and what strategies can enhance the integration of cultural competence into nursing practice?"

Key Themes Identified:

- Impact of Cultural Competence on Patient Outcomes: Studies of high quality (Červený et al., 2024; Foronda et al., 2022; Mojini et al., 2024) found that culturally competent care improves communication, reduces patient anxiety and enhances adherence to treatment plans. We found that cultural competence helps to decrease care delivery disparities due to vulnerable populations (Susanti et al., 2024; Thiyagarajan & Yadav, 2023).
- Role of Nursing Education and Training: While studies pointed out the need for cultural competence training integrated in nursing education (Betül Tosun et al., 2023; Hameed, 2024), a systematic review of scholarly work on cultural competence in nursing from 1990 to 2003 found no equivalent consensus in the healthcare field. In that regard, the programs of continuous professional development of the nurses were identified as important arenas to improve cultural awareness and sensitivity of the nurses.
- Challenges in Privatized Healthcare Settings: In fact, structural and organizational barriers (moderate-quality studies; Jasmina Veličković, 2023; Bakhsh et al., 2023) such as lack of resources and opposing priorities in privatized healthcare systems were reported. Institutional policies supporting cultural competence were needed, it was repeated.
- Frameworks and Models for Cultural Competence: Mojini et al. (2024), Foronda et al. (2022) cited frequently the models presented by Campinha-Bacote (2022) and Purnell (2021) as being effective frameworks for applying cultural competence in nursing practice.

Table 3: Research Matrix

| Author, Year | Aim | Researc h Design | Type of Studies Included | Data Collection Tool | Result | Conclusion | Study Suppo rts Prese nt Study |
|---------------------------------|---|---------------------|--------------------------------|--|---|---|---|
| Červený et al., 2024 | To examine the impact of cultural compete nce training on nursing care. | Mixed- Methods | Empirical Studies | Surveys, Interviews | Cultural competence training improved nurse-patient communicatio n and patient satisfaction. | Emphasized the need for institutional izing cultural competence in nursing education. | Yes |
| Foronda et al., 2022 | To explore cultural diversity in healthcar e systems. | Qualitati ve | Observati onal Studies | Thematic Analysis | Highlighted disparities in care due to cultural misunderstan dings and suggested integrative training models. | Suggested practical frameworks to implement cultural competence in healthcare practice. | Yes |
| Hameed, 2024 | To identify barriers to cultural compete nce in nursing practice. | Quantitat ive | Case Studies | Surveys, Statistical Analysis | Found systemic barriers, including resource constraints and lack of training programs. | Urged for policy-level changes to integrate cultural competence into healthcare institutions. | Yes |
| Jasmina Veličkovi ć, 2023 | To assess the role of cultural compete nce in improvin g health equity. | Qualitati ve | Case Studies | Focus Groups, Document Analysis | Demonstrated improved outcomes in marginalized populations through culturally competent care. | Concluded that equitable care depends on integrating cultural awareness into everyday | Yes |

| | | | | | | nursing practices. | |
|--------------------------------------|--|-----------------------|------------------------------|-------------------------------------|--|--|-----|
| Mojini et al., 2024 | To evaluate the effective ness of cultural compete nce models. | Systemat ic Review | Comparat ive Studies | Literature Review | Found that Campinha- Bacote's model significantly improved cultural awareness and patient outcomes. | Suggested integrating such models into healthcare policies and nursing education. | Yes |
| ÖZEN & KAHRAM AN, 2021 | To examine the relations hip between cultural humility and patient care. | Qualitati ve | Case Studies | Observatio n, Interviews | Highlighted the role of cultural humility in addressing power imbalances in healthcare. | Concluded that cultural humility complement s cultural competence in creating an inclusive healthcare system. | Yes |
| Susanti et al., 2024 | To analyze the impact of cultural compete nce on patient safety. | Quantitat ive | Observati onal Studies | Surveys, Statistical Analysis | Found a direct correlation between cultural competence and reduced errors in patient care. | Reinforced the importance of training programs to enhance patient safety in diverse populations. | Yes |
| Thiyagar ajan & Yadav, 2023 | To understa nd cultural challenge s in privatize d healthcar e settings. | Mixed- Methods | Empirical Studies | Interviews, Surveys | Identified privatization- specific barriers, including lack of standardized protocols for cultural competence. | Highlighted the need for tailored strategies for cultural competence in privatized systems. | Yes |
| Bakhsh et al., 2023 | To assess the perceptio n of nurses | Quantitat ive | Survey- Based Studies | Structured Questionn aires | Found varying perceptions among nurses based on training and | Recommend ed comprehens ive training for nurses | Yes |

| | regardin g cultural compete nce. | | | | institutional support. | across all healthcare systems. | |
|--------------------------------|---|---------------------------|-------------------|-----------------------------|---|--|-----|
| Betül Tosun et al., 2023 | To investiga te the long-term effects of cultural compete nce educatio n. | Longitud inal Study | Cohort Studies | Surveys, Focus Groups | Found sustained improvement s in patient satisfaction and reduced healthcare disparities over time. | Highlighted the long- term benefits of integrating cultural competence into nursing curricula. | Yes |

The following table serves as the overview of the 10 primary studies included in the systematic review along with the in-depth discussion of the quality assessments and data synthesis. At the end of this matrix, it can be seen how these studies as a whole take on the research question by studying different dimensions of cultural competence to nursing practice in privatized health care systems.

Key Observations:

- **Consistency in Findings:** Almost all studies bear witness to the fact that the positive impact cultural competence has on patient outcomes is equally relevant in healthcare equity and effectiveness.
- **Frameworks and Models:** From data synthesis, Mojini et al. (2024) and Foronda et al. (2022) present examples of studying practical frameworks for incorporating cultural competence, that are in line with identified themes.
- **Challenges and Barriers:** Systemic and privatization specific barriers as identified by Hameed (2024) and Thiyagarajan & Yaday (2023), corroborate the necessity of customized interventions.
- **Support for Present Study:** The 10 studies all directly meet the goals of this systematic review, which focuses on improving nursing practice and patient care outcomes within privatized healthcare settings.

Results

Table 4: Results Indicating Themes, Sub-Themes, Trends, Explanation, and Supporting Studies

| Theme | Sub-Theme | Trend | Explanation | Supporting Studies |
|-------------------------------------|----------------------------------|--|--|--|
| Impact of Cultural Competence | Improved Patient Outcomes | Positive correlation between cultural competence and patient satisfaction. | Studies consistently show enhanced communication, reduced anxiety, and improved adherence to treatments. | Červený et al., 2024; Susanti et al., 2024; Betül Tosun et al., 2023 |
| | Reduced Health Disparities | Evidence of equitable care delivery for marginalized populations. | Culturally sensitive care reduces disparities by addressing unique patient needs and barriers. | Foronda et al., 2022; Jasmina Veličković, 2023 |
| | Enhanced Patient Safety | Correlation between training and | Training in cultural competence leads to | Susanti et al., 2024; Hameed, 2024 |

| | | reduction in medical errors. | fewer misunderstandings and safer care practices. | |
|---|------------------------------------|---|--|---|
| Role of Nursing Education | Training and Awareness | Increased awareness leads to better integration of cultural competence. | Education programs improve nurses' ability to recognize and address cultural differences. | Hameed, 2024; Mojini et al., 2024; Betül Tosun et al., 2023 |
| | Use of Frameworks and Models | Popularity of Campinha-Bacote and Purnell models in training. | These models provide structured approaches to understanding and implementing cultural competence. | Mojini et al., 2024; Foronda et al., 2022 |
| Challenges in Privatized Healthcare | Systemic Barriers | Lack of resources and institutional support hinder implementation. | Privatization often prioritizes efficiency over inclusivity, creating obstacles for cultural competence and integration. | Thiyagarajan & Yadav, 2023; Hameed, 2024 |
| | Policy Gaps | Absence of standardized cultural competence policies in private settings. | The lack of clear guidelines reduces the consistency of culturally sensitive care. | Thiyagarajan & Yadav, 2023; Bakhsh et al., 2023 |
| Sustainability of Cultural Competence | Long-Term Impact | Sustained improvements in care quality and equity with ongoing training. | Longitudinal studies show long-lasting benefits of integrating cultural competence into nursing. | Betül Tosun et al., 2023; Mojini et al., 2024 |
| | Integration into Policy | Growing emphasis on embedding cultural competence into healthcare policies. | Institutionalizing training ensures consistency and systemwide adoption. | Susanti et al., 2024; Foronda et al., 2022 |

This study supports the goal of exploring whether or not core nursing values and cultural diversity improve patient outcomes in privatized healthcare industry. The themes and sub themes give a nuanced explanation of the factors that influence cultural competence integration into nursing practice.

Key Findings:

- **Positive Impact of Cultural Competence:** Research indicates that increased cultural competence training improves communication and trust between patient and health care provider, as well as patient satisfaction, which ultimately increases healthcare outcomes.
- **Educational Interventions:** Many studies have shown that frameworks such as the Campinha Bacote's model are essential tools for training as effectively as possible.
- **Challenges in Privatized Systems:** Resource constraints and policy gaps that are specific to privatization remain as major impediments to the widespread application of cultural competence.
- **Sustainability:** The long-term benefits of cultural competence embedded into institutional policy and training programmes emphasise its place as a foundational part of quality care.

Discussion

Through this systematic review, the importance of cultural competence in contributing to good patient care outcomes in privatized health care systems is shown. In findings, culturally competent nursing caregivers fostered patient satisfaction, decrease health disparities and patient safety. Campinha-Bacote's and Purnell's framework have been widely recognised as helpful frameworks for training healthcare providers in negotiating complexities of cultural medicine among diverse population of patients. Additionally, increased cultural competence in nursing education and noted within nursing policy was shown to offer greater long-term benefits, like continued improvements in healthcare equity and quality of care.

There is ample evidence that cultural competence is a win, but incorporating this into privatized healthcare systems is non-trivial. Barriers were consistently resource limitations, lack of institutional support and policy gaps. Efficient and cost containing privatized system may neglect cultural inclusivity and, thus, deepen care disparities. Further, educational interventions have been demonstrated to be efficacious (and effective in patients in whom they have been well implemented), despite a lack of consistency in their overall implementation, particularly in settings where standards for care are not uniform.

Concurrently, the review links the emerging importance of cultural humility as a complementary strategy to address cultural competence. Cultural humility emphasizes self-reflection, further development and contributes to an inclusive element of providing patient centred care. This two-way approach means that healthcare providers have not only the required skill set but also an openness to learn from their patients.

Future Directions

- Policy Integration: Future research should examine ways of embedding cultural competence in institutional policies so that cultural competence is implemented continually throughout privatized healthcare systems.
- **Standardized Training Models:** Standardized frameworks for cultural competence training, like Campinha Bacote's model, would be developed and tested in widespread adoption of the tool.
- **Technological Innovations:** Technology, i.e. Simulation based training, or AI enhanced cultural competence tools, could be leveraged to increase training efficiency and accessibility.
- **Longitudinal Studies:** Further research on sustained impact of cultural competence on patient outcomes and healthcare equity over years would provide a rich source of research inquiry.
- Addressing Privatization-Specific Challenges: However, further research is required to determine
 effective strategies to overcome the programming of these unique barriers by privatized healthcare,
 including resource allocation and cost-containment pressures.

Limitations

- **Limited Scope of Studies:** The review focused only on published studies from 2020 to 2024, leaving other important studies from earlier out.
- **Geographical Bias:** The bulk of included studies were restricted to specific locales, which may reduce the applicability of the findings globally.
- **Variability in Study Designs:** A variety of methodologies used in the included studies made synthesis of the findings difficult to do so uniformly.
- Lack of Focus on Specific Patient Populations: Cultural competence more broadly increases the quality
 of care however the review did not go into great depth on how it impacts any particular cultural or
 demographic group.

Conclusion

The contribution of this systematic review to nursing is best articulated through its highlighting of the transformative potential of cultural competence in nursing in privatized healthcare systems where disparities and inequities often exist. Culturally competent care attempts to ameliorate basic barriers to equitable delivery of healthcare by fostering better communication, trust and inclusivity. Nurses are benefiting from educational interventions and frameworks, such as Campinha Bacote's model that essentially prepare them with the tools for navigating through cultural complexities.

However, when healthcare is privatized, there is an issue of how cultural competence will be integrated into practice on a consistent basis. To overcome these barriers, policy reforms, standardized training as well as ongoing research are needed. Healthcare systems can reach improved patient outcomes, and a whole more inclusive environment, if they replace cultural insensitivity with cultural competence and humility. These findings highlight the need for system wide strategies to integrate cultural competence into nursing practice so that it becomes an integral component of quality care in an increasingly ethnically diverse world.

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