

Perceived Effect Of Cultural Diversity In The Delivery Of Client Centered Care Among Nurses In Selected Teaching Hospitals In South-West Nigeria

Dada Rotimi Williams¹, Olawale Mojolaoluwa²,

Kehinde Morounranti Elizabeth³, Animashaun Faosat Olaide⁴,

¹(Nursing Department, Babcock University, Nigeria), ²(Nursing Department, Babcock University, Nigeria),

³(Nursing Department, Babcock University, Nigeria), ⁴(Nursing Department, Babcock University, Nigeria)

ABSTRACT:

Background: In short, the better a patient is represented and understood, the better they can be treated. Levenstein, and colleagues (1989), subsequently described the patient-centered clinical method as one in which the physician aims to gain an understanding of the patient as well as the disease—as opposed to an approach focusing strictly on the disease—through a process of addressing both the patient’s and the physician’s agendas—as opposed to addressing only the physician’s agenda. The 6 dimensions of patient-centered care are: exploring the illness experience, understanding the whole person, finding common ground regarding management, incorporating prevention and health promotion, enhancing the doctor–patient relationship, and being realistic about personal limitations (Stewart M, Brown J, Weston W, et al. 1995). Not surprisingly, diversity is also very important to the delivery of effective healthcare, that lives literally depend on it (Mc Whiney 1989), described the patient-centered approach as one where the “physician tries to enter the patient’s world, to see the illness through the patient’s eyes.” The term “patient-centered access” distinctly does not include the interpersonal aspects of care and is more clearly focused on the delivery of health services such that patients can secure services when and where they are needed (Berry LL, Seiders K, Wilder SS., 2003).

Materials and Methods: This article presents the results of perceived effect of cultural diversity in the delivery of client centered care among nurses in selected Teaching Hospitals in South-West Nigeria. A descriptive survey design was adopted to determine the perceived effect of cultural diversity on client centered care among Nurses. The population consist of Nurses working in tertiary Hospitals located within South-West Nigeria. Based on the nature of the study and time frame for the study, questionnaires were filled on-line by nurses working in South-West of Nigeria. Convenience sampling technique was adopted for the study.

Results: The findings of this study revealed that all participants (100%) agreed that knowledge and cultural diversity promotes the peaceful relationship between the nurse and the client, they all also agree that cultural diversity promotes respect for other people’s culture and way of life.

Conclusion: In the absence of organizational support for cultural sensitivity, It is challenging to offer patients culturally and linguistically sensitive services in the absence of organizational commitment to cultural sensitivity and subsequent action at the policy and procedure level. Data gathering and evaluation, a patient needs accommodations, internal and external collaborations, community engagement, incorporating cultural needs into organizational planning, and assisting patients in managing their care should all go along with or support it.

Key Word: Cultural diversity, Patient-centered culturally sensitive health care, Teaching hospitals, health promoting lifestyle, patient satisfaction, treatment adherence

Date of Submission: 08-12-2023

Date of acceptance: 18-12-2023

I. Introduction

Cultural diversity is the practice of including and involving people of various culture from all backgrounds and identities to participate in a group or organization. A diverse organization is one that recognizes that people with different backgrounds, beliefs, attitudes, and experiences can bring new ideas and perceptions to the group. Numerous studies have shown that diversity improves but also benefit the health care delivery. In a study on the cultural attitudes of nurses and the analysis of the interactive relation between the nurse and the patient by Özen and Kahraman(2021). They discovered that as the attitudes of the nurses based upon their culture increase, the attitudes and behaviours during patient/ individual care are also affected positively. In another study conducted by Lilja and Tornerhjelm in 2018 on Cultural Competence in Care of Patients from Diverse Cultural Backgrounds , their findings revealed that having a positive attitude and finding ways to adapt the care around a

cultural challenge was found to make the cultural encounters less complicated and beneficial in order to provide an appropriate care.

Patient-centered outcomes refer to the measurement or consideration of outcomes that patients might care about, but which have traditionally been ignored by the medical establishment, such as patient satisfaction, quality of life and functional status (Perlin JB, Kolodner RM, Roswell RH 2007). Patient-centered care is achieved by understanding patients and their unique needs (showing empathy and attending attitudes (Bello. P., 2017, Camara B, S et al 2020). expressing warmth and respect, and treating patients and caregivers with dignity and compassion as humans (Yoo Hj et al 2020). But what makes diversity in the healthcare industry so important? And how should the healthcare industry achieve that diversity? There are countless individuals who enter hospitals and clinics every day looking for help. They include people from every race, creed, gender, and age—a melting pot of humanity. Studies has shown that if these diverse patients see themselves within the healthcare workforce, they are more likely to trust their healthcare provider. They are also better able to communicate their condition, more likely to understand and follow their prescribed treatment, and more satisfied with their healthcare. Albagawi (2019) in his study titled “Cultural Competence and Perception of Patient-Centered Care among Non-Muslim Expatriate Nurses in Saudi Arabia: A cross sectional study” It was discovered that reciprocity does indeed exist: that there is a statistically significant positive correlation between having cultural competence and providing individualized care. Tucker, Rice, Jones and Herman (2011) in their study revealed linkage between the provision of patient-centered, culturally-sensitive health care, and the health behaviors and outcomes of patients who experience such care.’

Creating cultural diversity in healthcare delivery is not just important, it is vital. Health care providers also display differential interpersonal behavior, characterized by more affective distance (less warmth, empathy, respect), when interacting with people of color (Johnson RL, Saha S, Arbelaez JJ, et al, 2004). Cultural diversity is not something that can be created overnight. It requires a health team dedicated to increasing cultural awareness and inclusion. It requires health workers who are willing to take the time to learn about each other and their client. Language, culture, and ethnicity can easily create barriers, and in an industry where lives hang in the balance and every second could mean the difference between life and death, delays and obstacles can quickly become deadly. However, this study sort to determine the perceived effects of cultural diversity in the delivery of client centered care among nurses in Federal Teaching Hospitals in Southwestern Nigeria

II. Materials and Methods

A Descriptive survey design was adopted to determine the perceived effect of cultural diversity on client centered care among Nurses. The population consist of Nurses working in tertiary hospitals located within south-Western Nigeria. Based on the nature of the study and time frame for the study, questionnaires were filled on-line by nurses working in South-Western Region of Nigeria. Convenience sampling technique was adopted for the study.

Study Design: Descriptive Survey Design

Study Location: This was a tertiary hospital baswed study done online amongst nurses working in tertiary hospitals within the south-western Nigeria (Lagos University Teaching Hospital, Lagos State University Teaching Hospital, University College Hospital Ibadan, Olabisi Onabanjo Teaching Hospital, and National Orthopaedic Hospital Igbobi, Lagos).

Study Duration: The study duration was August 2022 to september 2023

Sample Size: 116 participants

Sample Size Calculation: The population consist of 220 Nurses working in tertiary hospitals located within south-western Nigeria, calculation done using kish Lesley formula.

Inclusion Criteria: All registered nurses woring in the tertiary hospitals of south-western Nigeria.

Exclusion Criteria: All registered nurses who are retired, sick, on leave, absent from work, incapacitated or with mental determents.

Procedure methodology

Informed consent was obtained from all participants. Participation was also voluntary and confidentiality was guaranteed by making the questionnaire anonymous: names of respondents were not requested in completing the questionnaire. Also, data obtained were saved and forwarded directly to the expert’s email address. The findings of the study were analyzed using descriptive statistics and inferential statistics to test the hypotheses.

Statistical analysis

Data derived were computed and analyzed using the Statistical Package for Social Sciences (SPSS) version 22. Responses from the variables were transformed into rating scales to derive standard measures. Research questions were analyzed using descriptive statistics like frequencies, percentages, mean and standard deviation. Correlation and linear regression analysis were conducted to give statistical responses to

the research hypotheses. Decision rules for the test of null hypotheses were set at 0.05% level of significance. Therefore, *P*-Values greater than 0.05% were rejected.

III. RESULTS

Table no 1 shows that according to the socio-demography table, almost half 37.9% of our respondents are between the ages 31 to 40 while 27.6% are aged 41 to 50. Also, a significant percentage of 86.2% of our respondents are female, and 13.8% of them are males. We can also conclude from this table that 48.3% of our respondents have a bachelor's Degree, 31% of them also have diplomas, while only 13.8% and 6.9% of our respondents have Ph.D. and Master's degrees respectively. Also, 41.4% of our respondents have more than 15 years of experience in.7% also have 5 to 9 years of experience and 10.3% of our respondents have below 5 years of experience. *9.7% of our respondents are practicing in Lagos state, also 75.9% of our respondents are Yoruba.

Table 1: Socio-demographic characteristics of the respondents

Variables	Frequency (n=116)	Percentage (%)
<i>Age as at last birthday</i>		
20 – 30	20	17.2
31 – 40	44	37.9
41 – 50	32	27.6
50 and above	20	17.2
<i>Gender</i>		
Male	16	13.8
Female	100	86.2
<i>Education Level</i>		
Diploma	36	31.0
Bachelor Degree	56	48.3
Master's Degree	8	6.9
PhD	16	13.8
<i>Years of experience in nursing</i>		
Below 5 years	12	10.3
5 – 9 years	24	20.7
10 – 14 years	32	27.6
15 years and above	48	41.4
<i>State practicing</i>		
Lagos State	104	89.7
Ogun State	8	6.9
Ondo State	4	3.4
<i>Ethnic Culture</i>		
Yoruba	88	75.9
Igbo	16	13.8
Ijaw	4	3.4
Others	8	6.9

Answering Of Research Questions

Research Question One: What Is The Level of The Nurse's Knowledge Towards Cultural Diversity?

Table no 2: We can conclude that more than 90% of our respondent agree that cultural diversity is a system of belief and behavior that recognize and respect the presence of all diverse group and Cultural competence in nursing implies the ability of health care workers to give the best medical care to patients while demonstrating cultural awareness for their beliefs, race, and values are both true, also 100% of our respondent agree that Awareness of cultural diversity enables the Nurse to care for the patient while demonstrating cultural awareness for their belief and value. A large percentage of our respondents 93.1% claim it is true that Cultural diversity is the differences among people because of their racial or ethnic background, language, dress, and tradition. Also, 100% of our respondents agree that Knowledge of cultural diversity promotes a peaceful relationship between the Nurse and the client and that Cultural diversity promotes respect for other people's cultures and way of life are true. We can also conclude from the table that 93.1% of our respondents believe the statement "Cultural competence in nursing can be observed through Recruiting health professionals from diverse communities" is true. More than 80% of our respondents agree that every statement in this section is true.

Table 2: Level Of Knowledge Of Cultural Diversity

Variables	True	False	Not sure
Cultural diversity is a system of belief and behavior that recognize and respect the presence of all diverse group.	112(96.6)	4(3.4)	0(0)
Awareness of cultural diversity enables the Nurse to care for patient while demonstrating cultural awareness of their belief and value.	116(100)	0	0
Knowledge of cultural diversity enables the Nurse to allow the client to contribute within the inclusive cultural context that promotes wellness.	104(89.7)	4(3.4)	8(6.9)

Cultural diversity is the differences among people because of their racial or ethnic background, language, dress, and tradition.	108(93.1)	0	8(6.9)
Cultural diversity creates an environment that unites people of different cultural background.	104(89.7)	4(3.4)	8(6.9)
A safe environment that makes client remain whom they are is created through effective cultural competence.	104(89.7)	4(3.4)	8(6.9)
Each ethnic group is constrained by its specific value, behaviour, and social norm.	104(89.7)	8(6.9)	4(3.4)
Knowledge of cultural diversity promotes peaceful relationship between the Nurse and the client.	116(100)	0	0
Cultural diversity promotes respect for other people's culture and way of life.	116(100)	0	0
Cultural competence allows the Nurse to provide essential care for the client.	100(86.2)	8(6.9)	8(6.9)
Cultural competence in nursing implies the ability of health care workers to give the best medical care to patients while demonstrating cultural awareness for their beliefs, race, and values.	108(93.1)	0	8(6.9)
Cultural competence in nursing can be observed through Using language and terms patients understand	96(82.8)	8(6.9)	12(10.3)
Cultural competence in nursing can be observed through Making sure a medical interpreter is present if the patient speaks another language, asking a family member to translate may not be enough	100(86.2)	8(6.9)	8(6.9)
Cultural competence in nursing can be observed through Respecting patients' cultural and religious beliefs that conflict with treatment plans	100(86.2)	12(10.3)	4(3.4)
Cultural competence in nursing can be observed through Recruiting health professionals from diverse communities	108(93.1)	8(6.9)	0

Research Question Two: What is the perceived attitude of nurses in delivering client centered care?

Table no 3: We can conclude from the above table that 48.3% of our respondent strongly agree that Client cantered care include respect for patients' cultural belief and that It is essential to consider the diverse culture that exists among patients. Also, 51.7% of our respondents strongly agree with the statement "My own culture shouldn't influence the way I care for patients from different cultures" and "Clients develop a sense of belonging and acceptance when Nurses respect their culture and value". 20.7% of our respondent strongly disagree with the claim that Learning about other people's culture and caring for them doesn't waste time, also 55.2% of our respondent agrees that Client cantered care involve respect for sociocultural belief of the client and that It is convenient to manage patient considering their cultural practice.

Table 3: ATTITUDE OF NURSES IN DELIVERING CLIENT-CENTERED CARE

Variables	Strongly Disagree	Disagree	Agree	Strongly Agree
Client-centered care includes respect for the patient's cultural belief	16(13.8)	0	44(37.9)	56(48.3)
It is essential to consider the diverse culture that exists among patients	12(10.3)	0	48(37.8)	56(48.3)
Nursing care should be individualized and promote cultural belief	16(13.8)	8(6.9)	44(37.9)	48(41.4)
It is convenient to manage patients considering their cultural practice	12(10.3)	24(20.7)	64(55.2)	16(13.8)
Client-centered care involve respect for the sociocultural belief of the client	16(13.8)	12(10.3)	64(55.2)	16(13.8)
Managing patients with cultural diversity doesn't consume time and energy	16(13.8)	52(44.8)	36(31.1)	12(10.3)
Nursing care should meet the client's sociocultural and linguistic need	20(17.2)	16(13.8)	28(24.1)	52(44.8)
My own culture shouldn't influence the way I care for patients from different cultures.	20(17.2)	16(13.8)	20(17.2)	60(51.7)
Learning about other people's cultures and caring for them doesn't waste time	24(20.7)	36(31.0)	44(37.9)	12(10.3)
Clients develop a sense of belonging and acceptance when Nurses respect their culture and value	4(3.4)	0	52(44.8)	60(51.7)

Research question Three: What is the perceived effect of cultural diversity on client centered care?

Table no 4: We can conclude from the table that 51.7% of our respondents agree that increased diverse nursing care has a positive impact on the health of the client and that Cultural diversity helps the nurse to view the client holistically. Also, 48.3% of our respondents strongly agree fact that Reflecting a client's cultural belief provides reassurance and a sense of security and that Nurse patient relationship is enhanced when the client's

cultural belief is acknowledged. Also, 44.8% of our respondent disagree that it is not difficult to care for patients from different cultural background, and 27.6% of respondent agrees with this

Table 4: PERCEIVED EFFECT OF CULTURAL DIVERSITY ON CLIENT CENTERED CARE

Variables	Strongly Disagree	Disagree	Agree	Strongly Agree
Increased diverse nursing care has a positive impact on the health of the client.	4(3.4)	4(3.4)	60(51.7)	48(41.4)
It is not difficult to care for patients from a different cultural backgrounds?	20(17.2)	52(44.8)	32(27.6)	12(10.3)
Reflecting client’s cultural beliefs provides reassurance and a sense of security	4(3.4)	0	56(48.3)	56(48.3)
Nurse patient relationship is enhanced when the client’s cultural belief is acknowledged	4(3.4)	8(6.9)	48(41.4)	56(48.3)
The positive outcome of care is achieved when cultural diversity is valued	4(3.4)	4(3.4)	48(41.4)	60(51.7)
Client-centered care in cultural diversity enhances quick recovery	8(6.9)	8(6.9)	56(48.3)	44(37.9)
A culturally competent nurse can interact efficiently with patients that originate from different cultures and by this help to achieve better health outcomes.	4(3.4)	4(3.4)	60(51.7)	48(41.4)
Cultural diversity helps the nurse to view the client holistically.	4(3.4)	4(3.4)	60(51.7)	48(41.4)
Cultural diversity is vital for the long-term survival of humanity	8(6.9)	8(6.9)	44(37.9)	56(48.3)
Cultural diversity enhances clients’ satisfaction with healthcare services.	8(6.9)	4(3.4)	56(48.3)	48(41.4)

Figure 1: Level of Knowledge

From the Chart, we can conclude that 96.6% of our respondents have a good knowledge of cultural diversity while 3.4% of our respondents have a fair level of knowledge

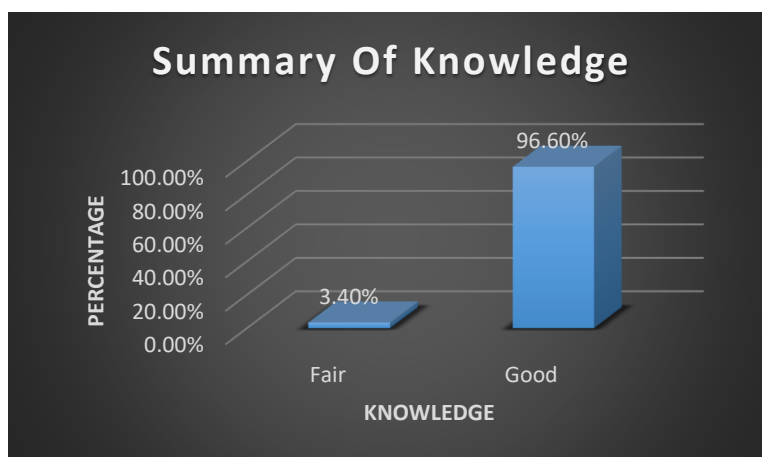


Figure 1: Summary of Level of knowledge

We can conclude from the chart above that 62.1% of our respondents have a good attitude towards delivering client cantered care, while 27.6% of them have a fair attitude towards delivering client cantered care and 10.3% have a poor attitude.

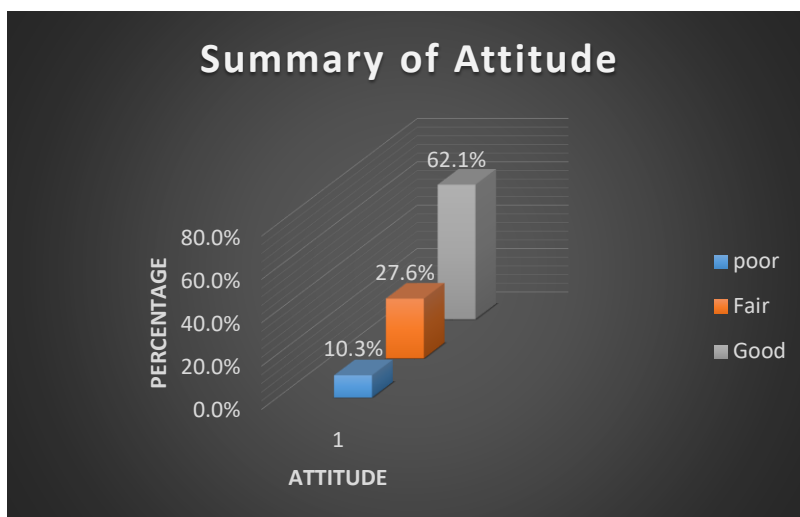


Figure 2: Summary of level of Nurses attitude towards delivering client cantered care

Hypothesis Ho: There is no significant difference between the level of knowledge and attitude on cultural diversity towards client centered care among nurses in federal teaching hospitals in southwestern Nigeria.

Table 5: It is clear from the table above that 100% of our respondents have both a fair attitude and a fair knowledge, also 64.3% of our respondents have both a good attitude towards delivering client cantered care and good knowledge on cultural diversity, likewise, 25% of our respondent have a fair attitude towards delivering client cantered care but a good knowledge on cultural diversity, while 10.7% of them have a poor attitude towards delivering client cantered care but a good knowledge on cultural diversity.

There is a significant relationship between the level of knowledge on cultural diversity and their attitude in delivering centered care

Table 5: Cross-tabulation of knowledge and Attitude

Summary of Knowledge	Summary of Attitude			CHI-SQUARE	P-VALUE
	Poor	Fair	Good		
Fair	0	4 (100)	0	10.875	0.004
Good	12 (10.7)	28 (25)	72 (64.3)		

IV. Discussion of findings

The findings of this study revealed that all participants (100%) agreed that knowledge and cultural diversity promotes the peaceful relationship between the nurse and the client, they all also agree that cultural diversity promotes respect for other people’s culture and way of life. In a study by Lilja and Tornerhjelm (2018) on Cultural Competence in the Care of Patients from Diverse Cultural Backgrounds among Nursing Students in Gauteng Province, South Africa; the

majority of the participants (seven out of eight) felt that more education was needed than the course Integrated Health Care 255 given during the nursing program. Furthermore, 93.1% of the respondent believed that cultural competence in nursing implies the ability of healthcare workers to give the best medical care to patients while demonstrating cultural awareness of their beliefs, race, and values. This is similar to a study by Cang-Wong et al. (2009) which declares that more training and continuing education on cultures could help in giving culturally competent care.

The findings of this study showed that the majority (89.7%) of the respondents agreed that a safe environment that makes clients remain who they are is created through effective cultural competence. This agrees with a study by Curtis et al. (2016) where the findings showed that nursing students gained higher confidence after incorporating cultural learning activities into the curriculum. It shows and supports the other claims that this prepares students to care and advocate for their patients in today’s multicultural society (ibid.).

The findings of this study reveal that the majority positively agree that patients developed a sense of belonging and acceptance when nurses respect their culture and value. This corroborates a study on the cultural attitudes of nurses and the analysis of the interactive relationship between the nurse and the patient by Özen and Kahraman (2021). It was discovered that as the attitudes of the nurses based upon their culture increase, the attitudes and behaviors during patient/ individual care are also affected positively

Also, most respondents agree that culturally competent nurses can interact efficiently with patients that originate from different cultures, and this help to achieve better health outcomes. This supports a study conducted by Lilja and Tornerhjelm in 2018 on Cultural Competence in the Care of Patients from Diverse Cultural Backgrounds, their findings revealed that having a positive attitude and finding ways to adapt the care around a cultural challenge was found to make the cultural encounters less complicated and beneficial to provide appropriate care. The participants also found themselves in caring situations where they gained knowledge from encounters with patients

Also, the result of our findings showed that Nurse patient relationship is enhanced when the client's cultural belief is acknowledged and that there is a significant relationship between the level of knowledge on cultural diversity and their attitude in delivering centered care. This is supported by a study by Albagawi (2019) in a cross-sectional study titled "Cultural Competence and Perception of Patient-Centered Care among Non-Muslim Expatriate Nurses in Saudi Arabia" It was discovered that reciprocity does indeed exist: there is a statistically significant positive correlation between having cultural competence and providing individualized care.

V. Conclusion

In the absence of organizational support for cultural sensitivity, It is challenging to offer patients culturally and linguistically sensitive services in the absence of organizational commitment to cultural sensitivity and subsequent action at the policy and procedure level. Data gathering and evaluation, a patient needs accommodations, internal and external collaborations, community engagement, incorporating cultural needs into organizational planning, and assisting patients in managing their care should all go along with or support it. patients to oversee their medical care. Data collection, for instance, is essential for creating strategic initiatives, deciding staff recruitment targets and staff-patient concordance objectives, and creating patient-centered visits and communications.

Without a doubt, collaboration must be a part of all the procedures described in this paper. Leadership should involve and bring together stakeholders from all departments as hospitals establish organizational policies and procedures linked to culture and language to understand the context (supports, limits, etc.) in which present procedures are being carried out. Building strong connections with chaplains, religious leaders, traditional healers, cultural brokers, and other people may improve and expand the hospital's ability to provide culture- and language-related services.

VI. Recommendation

1. As part of the hospital's dedication to providing health care that is sensitive to culture and language, the institution should think about creating a centralized program and committee with executive-level reporting to coordinate services related to language and culture.
2. The development of qualified healthcare interpreters and translators should be encouraged through financial incentives.
3. Based on the patient's needs and medical conditions, the hospital should develop a diet plan with follow-up.
4. The hospital should employ qualified interpreters or translators to improve communication and ensure reliable data.
5. Hospitals must find workable solutions for including patient demographic information in information systems, such as race, ethnicity, and primary language.
6. Hospital staff members ought to get regular in-service instruction on how to satisfy the particular needs of each patient.
7. The provision of care that is culturally and linguistically appropriate should be supported by continuing education and training requirements from accrediting bodies.
8. The benefits of greater racial, cultural, and linguistic harmony between hospital workforces and their patient populations need to be measured and understood through research.

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