ORIGINAL RESEARCH

Measuring nursing students' cultural awareness: A cross-sectional study among three universities in southern Sweden

Jalal Safipour *[1], Emina Hadziabdic[1], Sally Hultsjö[2], Margareta Bachrach-Lindström[3]

[1] Department of Health and Caring Science, Faculty of Health and Life Sciences, Linnaeus University, Växjö, Sweden
[2] Psychiatric clinic, Ryhov, Region Jonkoping, School of Health and Welfare, Jonkopings University, Sweden
[3] Department of Medical and Health Sciences, Division of Nursing, Linköping University, Sweden

Received: June 20, 2016 **Accepted:** August 15, 2016 **Online Published:** September 1, 2016
DOI: 10.5430/jnep.v7n1p107 **URL:** http://dx.doi.org/10.5430/jnep.v7n1p107

ABSTRACT

Background/Objective: Cultural awareness refers to when someone is aware of his/her own and other people's cultural values. Academic nursing education should promote students' ability to analyze, understand, and respect people's cultural backgrounds and their values to be able provide equitable care in a multicultural society. This essential competence for nursing students can be obtained through learning and practicing to prioritize people's greatest needs. The aim of this study was to explore students' cultural awareness related to their nursing education by considering their socio-demographic background.
Methods: This quantitative study was conducted by means of a pre-designed Cultural Awareness Scale. In total, 215 students participated in this study. Descriptive statistics were used to report the distribution of the data, and regression analysis was carried out to assess the statistical significance of the association between the variables.
Results: The results indicated moderately high cultural awareness among nursing students related to their general education, cognitive awareness, comfort with interaction, and clinical practice/patient care. Nevertheless, no statistically significant correlation was identified between the socio-demographic factors (sex, age, and experience of living abroad). However, being a first generation immigrant was significantly associated with better cultural awareness in terms of Patient Care/Clinical Issue.
Conclusions: In Sweden, universities are free to design their educational programs since there is no universal curriculum that applies to all the universities; nonetheless, the relatively high level of cultural awareness remained the same for the universities under investigation. This finding suggests that the importance of cultural awareness in nursing education is recognized in this context.

Key Words: Education, Cultural awareness, Nursing, Undergraduate, Scale

1. INTRODUCTION

Due to the growth of the population movement and development of multicultural societies (IOM 2015), the importance of cultural awareness and cultural competence among nurses has been highlighted in recent years.[1] Currently, almost 21.5% of the Swedish population are first or second generation immigrants.[2] Providing sufficient care for this diverse population requires in-depth knowledge and awareness among nurses working in different inter-cultural healthcare settings. The body of knowledge shows that culture and traditional norms and values play an important role when it comes to health behavior and practice.[3–7] Culture as a complex

*Correspondence: Jalal Safipour; Email: jalal.safipour@lnu.se; Address: Department of Health and Caring Science, Faculty of Health and Life Sciences, Linnaeus University, 351 95 Växjö, Sweden.

and dynamic concept is defined as a way of living, which includes behaviors, knowledge, beliefs, and values held by individuals.[1,5,7] However, cultural awareness is acquired when someone is aware of his/her own cultural standpoint, is aware of the other person's cultural values and behaviors, and can distinguish and explain the cultural differences on this basis.[8] Cultural awareness can facilitate communication and reduce the risk of misunderstandings and mistrust between people in a multicultural society.[8] This competence that can be obtained through learning and practice is important for people who interact daily with diverse populations. Healthcare providers and specifically nurses who are responsible for taking care of people during critical situations are among one of the most important professions who need to develop this awareness in a continuous manner to overcome the challenges that may arise from cultural clashes.[9,10] The relationship between culture and health has been fully established in previous studies that have investigated the impact of culture on health and health behaviors, such as culture and nutrition,[11,12] beliefs and health behaviors,[4] pain and culture,[13] maternity and cultural values,[4,14] and culture and communication in healthcare settings.[15,16] However, our knowledge about the level of cultural awareness among nurses, and the role of academic education in increasing the cultural awareness skills among nursing students is still limited.

According to the Swedish nursing association (2013), in prioritizing people in the greatest need, the healthcare providers should be able to analyze, understand, and respect a person's cultural background and his or her values to be able to provide equitable care.[17] Having "knowledge, information and skills" are essential factors for providing good care in a respectful manner to culturally diverse populations.[3] According to the Swedish higher education ordinance (2009:1037), the first level educational objective is to develop student's knowledge and training, to promote student's problem solving skills, and enable them to work independently.[18] Sweden, as part of the European Union, also needs to follow the EU regulation. In this aspect, nursing education is divided into two main parts which are theoretical and clinical education.[19] During this program, the theoretical knowledge should be integrated with the clinical practice. One of the main goals of higher education is defined as increasing the cultural awareness of students.[20] However, the fundamental question in this regard is if nursing education prepares students to work in a diverse and inter-cultural environment. Previous studies have indicated that the concept of culture is included in most of the nursing curricula in Swedish universities, but only a few university trainings provide for the development of cultural awareness of the students.[21] A study among last-year nursing students in Sweden shows that in the practice of caring for patients with different cultural backgrounds, students face several challenges that arise from cultural awareness or lack thereof.[22] These problems are related to a lack of understanding of the family structure in relationship to the role of the family as an unofficial caregiver, importance of the gender of the caregiver, different diet and food habits, and different ways of expressing pain that may lead to misunderstandings.[22] Previous studies concerning Canadian[23] and American[24] nursing students' cultural competency found that students' understanding of cultural care was limited to awareness of the 'differences', increased communication, and relationship building[23] and suggest that cultural competence can be increased by including structured cultural content in the nursing curricula.[24] Nevertheless, another study revealed that having an exchange student program in universities helps the nursing students to be familiar with beliefs, values, and cultural characteristics of host countries and increases the cultural awareness.[25] Additionally, students involved in the exchange programs reported higher competence in nursing.[26] The results of a study in Finland also showed that nursing students with immigrant backgrounds, students who went through the exchange program, and the students with experiences of working with diverse populations reported significantly higher levels of cultural competence.[27] Studies revealed that the level of cultural awareness among nursing students could be increased when adequate education was included in their study program.[28–30] The above-mentioned studies clearly indicate the importance of education for preparing and promoting nurses' skills for working in a culturally diverse setting in the contemporary society. Therefore, this study attempts to explore students' cultural awareness related to their nursing education by considering their socio-demographic background.

2. METHOD

This study with a quantitative cross-sectional design is part of a larger mixed methodological research project about cultural awareness among nursing students in Sweden.[31] The focus is on measuring the cultural awareness related to the nursing education among students in their final year of education. Three universities that are located in the southern part of Sweden participated in this study.

2.1 Instrument

Data were gathered by means of the Swedish version of the Cultural Awareness Scale (CAS). This scale is originally designed in English (with 36 items) and has been used in several studies for measuring the cultural awareness and cultural competence among nursing students.[32,33] The reliable and validated CAS is also available in Swedish with 35 items.[31]

In the Swedish version, one item was removed due to the lack of validity and reliability.[31] The CAS is a Likert-type scale with 7 alternatives for each item, from strongly disagree (1) to strongly agree (7). Lower scores indicate less cultural awareness and higher scores indicate greater awareness. The Swedish version, in line with the English version, measures the cultural awareness related to the nursing education in five different aspects: 1: General Education Experience (GED = 14 items; Min = 14, Max = 98), 2: Cognitive Awareness (CA = 7 items; Min = 7, Max = 49), 3: Research Issue (RI = 4 items; Min = 4, Max = 28), 4: Behavior/Comfort with Interaction (BCI = 5 items; Min = 5, Max = 35-English version 6 items), 5: Patient Care/Clinical Issue (PCCI = 5 items; Min = 5, Max = 35). An example of the items for each factor is presented below:

- 1: Since entering this nursing school, my understanding of multicultural issues has increased. (GEE)
- 2: I think my behaviors are influenced by my culture. (CA)
- 3: The students at this nursing school have completed their theses and dissertation studies that have considered cultural differences related to health issue. (RI)
- 4: I typically feel somewhat uncomfortable when I am in the company of people from cultural or ethnic backgrounds different from my own. (BCI)
- 5: I respect the decisions of my patients when they are influenced by their culture, even if I disagree. (PCCI)

2.2 Sample and data collection

Data were collected in southern Sweden from three different universities that offer nursing programs. A combination of purposive and random sampling was applied for the sample selection. Since the target population was nursing students in their final year of education (bachelor level), the purposive sampling method was used to enable researchers to gather data only from this specific population. In the second stage, the sample was selected randomly from the identified final year students at three main universities.

Prior to the sample selection, the heads of the specific departments were informed about the study and permission was requested for the data collection. Afterwards, the researchers communicated directly with the teachers who were responsible for the final year students' education. The time and date of the data gathering was scheduled in agreement with the teachers to minimize interruption of the classroom education. All the data were gathered in the classroom environment, and the students were asked to return the questionnaire in the sealed envelope, which was handed out along with the questionnaire. The questionnaires were distributed and gathered directly by one of the principle investigators.

2.3 Data analysis

For statistical analysis, the descriptive statistic was performed to report the distribution of the data by frequency, means, and Standard Deviation (SD). In the next stage, simultaneous regression analysis was carried out to assess the statistical significance of the association between all the explanatory (independent) variables and the dependent variables. Dependent variables in this study included five factors from the CAS, and the independent variables were: A) demographical variables such as age (years), sex (male, female), and study setting (three universities-A, B, and C), B) Cultural background (1: Native Sweden: born in Sweden of Swedish born parents; 2: First generation immigrant: born outside Sweden, 3: Second generation immigrant: Born in Sweden but from parents who were born outside of Sweden), and C) Experience of living abroad (Living less/more than six months outside of Sweden). Factors with missing values were excluded from the statistical analysis, since the total score was available only if all the items for the factors were answered. In the final analysis, sequential multiple regressions were performed, entering and testing the demographic variables to determine the best significant regression model. All the statistical analyses were performed by using the SPSS software version 20.

2.4 Ethical considerations

Prior to the data collection, all the participants had received written and verbal information about the aim of the study and their rights as participants. This study was conducted by considering the ethical principles of medical research as found in the Declaration of Helsinki and Swedish law (2003:460) about implementation of the study result. All the data were gathered in the form of the questionnaire in a sealed envelope to protect the participant's identity. Thus, after the data collection, the identity of the participants remained anonymous to the research group. During the data analysis, data were accessible only to the principle investigators, and the entire questionnaires were stored in a safe place. Since this research project did not related to the informants' mental and physical health, no personal information was revealed, and all the data were treated as confidential material; thus, no ethical approval was needed according to the Swedish law.[34]

3. RESULT

In total, 215 nursing students participated, including 35 (16.5%) male students. The mean age was 27.2 (SD = 5.8), ranging from 20 to 47. The number of participants was equally distributed (73, 70, and 72) between the three data universities in southern Sweden (see Table 1). A majority of the participants (78.4%) had both a mother and a father

who were born in Sweden, 11.7 percent represents the first generation of immigrants (n = 25; 11.7%), and 9.9 percent (n = 21) came from a family with an immigrant background (second generation). The first generation immigrant came from different countries (Africa-1, Asia-2, Europe-10, and Latin America-2). Almost 20 percent (n = 35) of the participants who were born in Sweden reported that they had had experiences of living abroad for more than six months for different reasons.

Table 1. Demographic characteristic of sample population in relation with mean score and Standard Deviation (SD) of five main components of CAS scale

Variable	n (%)	1: GEE Mean (SD)	2: CA Mean (SD)	3: RI Mean (SD)	4: BCI Mean (SD)	5: PCCI Mean (SD)
Sex						
Male	35 (16.5)	46.32 (14.79)	29.21 (8.81)	8.53 (4.53)	27.27 (8.84)	29.62 (4.42)
Female	177 (83.5)	48.35 (14.84)	30.84 (9.00)	10.01 (5.86)	29.63 (5.69)	30.44 (3.84)
Age						
23 >	59 (28.0)	49.53 (14.12)	29.29 (10.36)	9.49 (5.67)	30.19 (5.67)	30.84 (3.80)
24 to 26	70 (33.2)	46.48 (14.31)	30.72 (8.01)	10.19 (5.48)	29.76 (4.60)	30.06 (3.95)
27 to 29	35 (16.6)	49.15 (16.56)	31.83 (8.46)	8.40 (4.14)	27.83 (8.01)	30.03 (3.84)
30 to 32	17 (8.1)	43.13 (8.84)	30.82 (9.31)	8.71 (4.50)	26.88 (9.79)	29.65 (5.10)
33 <	30 (14.2)	47.86 (18.11)	30.45 (8.89)	10.91 (8.14)	29.34 (6.24)	30.64 (3.62)
Background						
Native Swedes	167 (78.4)	47.63 (15.16)	30.68 (8.83)	9.62 (5.89)	29.16 (6.38)	30.14 (4.00)
First generation	25 (11.7)	51.22 (13.86)	30.61 (10.83)	11.33 (4.53)	30.25 (6.89)	31.46 (4.06)
Second generation	21 (09.9)	43.11 (13.92)	29.80 (8.72)	9.10(5.09)	29.45 (5.38)	30.60 (2.91)
Living abroad (If born in Sweden)						
6 months and less	145 (80.6)	48.04 (14.25)	30.14 (8.64)	9.59 (5.42)	29.30 (6.44)	29.84 (3.84)
More than 6 months	35 (19.4)	42.74 (14.14)	30.50 (9.22)	8.64 (4.77)	29.91 (5.83)	31.06 (3.40)
Study setting						
A	73 (34.0)	49.36 (14.80)	31.46 (9.17)	10.73 (6.70)	29.01 (5.82)	30.49 (4.19)
B	70 (32,6)	44.23 (15.17)	30.01 (9.58)	9.20 (5.23)	30.30 (5.19)	30.32 (3.66)
C	72 (33.5)	49.46 (14.32)	30.51 (8.42)	9.00 (4.25)	29.03 (7.04)	30.06 (3.93)
CAS scale						
Range (Min-Max)	N* = 215	(16-86)	(7-47)	(4-28)	(6-35)	(17-35)
Mean (SD)		47.78 (14.88)	30.66 (9.05)	9.78 (5.67)	29.45 (6.05)	30.92 (3.92)

Note. 1: General Education Experience (GEE), 2: Cognitive Awareness (CA), 3: Research Issue (RI), 4: Behavior/Comfort with Interaction (BCI), 5: Patient Care/Clinical Issue (PCCI); N* ≠ total *n*, due to the missing data.

The mean score for all the factors except for RI was relatively high. The mean score for GEE was 47.78, CA 30.66, RI 9.78, BCI 29.45, and PCCI 30.92. Descriptive analysis also indicates that students with immigrant backgrounds (first generation immigrants) got higher scores with regard to GEE, RI, BCI, and PCCI compared to the other two groups of participants (second generation and native Swedish). Regression analysis (see Table 2) shows that the mean differences were not statistically significant except for the PCCI factor and the first generation variable ($p < .01$).

Table 2. Regression model for five factors of Cultural Awareness Scale and explanatory variables

Variable	GEE Sig.	CA Sig.	RI Sig.	BCI Sig.	PCCI Sig.
Sex (female)	.81	.29	.83	.07	.67
Age (Squared)	.82	.09	.06	.58	.91
Background					
First generation	.35	.99	.40	.37	.03*
Second generation	.20	.98	.70	.77	.31
Native Swedes (Omitted)					
Living abroad (more than) 6 months	.13	.77	.30	.59	.12
Study setting					
A	.334	.86	.37	.25	.38
B	.07	.65	.63	.38	.48
C (Omitted)					
Constant	46.45	22.53	23.34	29.51	9.69
R^2	.058	.024	.089	.039	.050

Note. General Education Experience (GEE), Cognitive Awareness (CA), Research Issue (RI), Behavior/Comfort with Interaction (BCI), Patient Care/Clinical Issue (PCCI). *$p < .05$.

However, the entire model was not significant (F = 1.3, df = 7, 164, $p > .01$). Thus, the analysis was carried out once more, removing the insignificant variables from the remaining items (immigrant background and living abroad and PCCI) to identify the significant regression model (see Table 3). The results show that there is a significant association between an immigrant background (being a first generation immigrant) and cultural awareness with regard to Patient Care/Clinical practice (F = 2.54, df = 3, 171, $p < .01$).

Table 3. Regression model for PCCI

	Coefficients				
	Unstandardized coefficients		**Standard coefficients**	***t***	**Sig.**
	B	**SE**	***β***		
Model 1					
(Constant)	29.51	0.35		83.80	.000
First generation	1.74	0.83	0.159	2.10	.037
Second generation	0.78	0.89	0.066	0.87	.383
Living abroad	1.22	0.72	0.127	1.68	.093

4. DISCUSSION

The results of this study show that the level of cultural awareness among final year nursing students in Sweden was moderately high, except for one dimension of cultural awareness related to Research Issue. This study finding is congruent with the previous findings by Rew *et al.* (2014) that undergraduate students who had been exposed to clinical nursing settings had a tendency to score higher on the General Attitudes and that they had limited experiences about research and interaction in clinical settings. It should be noted that the sample population in the study included nursing students in the last BS program, which covers both clinical experience and academic training. Further, it needs to be considered that this study was conducted among Bachelor level students where the main focus of their study is on theoretical and clinical education rather than research.[19] However, the level of cultural awareness is the same for all three universities. In Sweden, universities are free to design their educational programs and courses since there is no universal curriculum that applies to all the universities.[19] Despite this freedom, the educational programs aim to reach the national goal which is designed and formulated for each program by the Swedish Council for Higher Education.[19] In this case, it seems that all three universities in this study were at the same level in relation to cultural awareness among the nursing students. The study findings also mirror previous research[23] that found nursing students' cultural competency to be limited to the ideals of cultural care and them being unaware of critical views of culture. In order to increase the cultural competence, it is necessary to include structured cultural content in the nursing curricula.[21,23,35] Although the correlation between the level of cultural awareness and the main socio-demographic variables in this research remained insignificant, it turned out that being a first generation immigrant is associated with better cultural awareness in terms of Patient Care/Clinical Issue. This can be explained by other unofficial educational factors such as the process of acculturation among this specific population. In the process of acculturation, one can integrate elements of two cultures by learning the culture of a new society.[36,37] That might be a reason behind the higher cultural awareness level of nursing students that went through an exchange program during their education.[25] Nonetheless, future research is needed to investigate the role of acculturation among students with immigrant backgrounds and the level of cultural awareness. We also recommend future research with a qualitative research design to obtain a deeper understanding of the student's cultural awareness to be able to better assess the needs and barriers in cultural awareness education.

A strength of this study could be the fairly large sample population recruited from three different universities with similar demographic backgrounds. The demographic background in this study represented a typical picture of the nursing students population and the Swedish population in general since around 20 percent of them had an immigrant background.[38] However, in this research, the number of male participants is smaller than the females due to the character of nursing education being that most of the students who apply are female. Because of the nature of cross-sectional quantitative research, the results of this study cannot clearly specify the impact of education in cultural awareness of students. Education is not the only way to raise cultural awareness; culture as a dynamic concept can be learned and adopted in everyday life activities. There was a reason in this study why we tried to control other demographic variables such as

living abroad to provide a clearer picture about the statistical result. We recommend future research with a longitudinal research design to compare the cultural awareness of nursing students at the beginning and at the end of their education in order to control more variables with regard to official and unofficial education related to cultural awareness. However, it would be even more interesting to investigate the cultural awareness of instructors and teachers of a nursing program to identify and assess the potential barriers and opportunities in this matter.

We are aware that labeling students as first generation and second generation has its own disadvantage due to an enormous diversity among the immigrant populations. This also needs to be noted so that the results of this study cannot be generalized to other settings or other study disciplines since the educational design varies from one university to another.

5. Conclusion

Living in a multicultural society has its own consequences. Providing health and caring services for a diverse population can be challenging due to several factors such as lack of cultural awareness or misunderstanding. Nursing education also needs to develop and promote the skills of students to work in an intercultural setting. Therefore, continuous research is needed to evaluate the cultural awareness among students to be able to identify possible risk factors and plan for intervention programs. The finding of this study about the relatively high level of cultural awareness among final year nursing students suggests that the importance of cultural awareness in nursing education is recognized in this context.

Conflicts of Interest Disclosure

The authors declare that there is no conflict of interest.

References

[1] Leininger MM, McFarland MR. Culture care diversity & universality: A worldwide nursing theory: Jones & Bartlett Learning; 2006.

[2] Summary of Population Statistics 1960-2014 [Internet]. Statistics Sweden. 2014. Available from: http://www.scb.se/en_/finding-statistics/statistics-by-subject-area/population/population-composition/population-statistics/aktuell-pong/25795/yearly-statistics--the-whole-country/26040/#

[3] Purnell LD. Transcultural health care: a culturally competent approach. 4th ed. Philadelphia: F.A. Davis; 2013. 505 p.

[4] Higginbottom GM, Safipour J, Mumtaz Z, *et al.* "I have to do what I believe": Sudanese women's beliefs and resistance to hegemonic practices at home and during experiences of maternity care in Canada. BMC Pregnancy Childbirth. 2013; 13: 51. PMid:23442448 http://dx.doi.org/10.1186/1471-2393-13-51

[5] Helman C. Culture, health, and illness. 5th ed. London. New York, NY: Hodder Arnold; Distributed in the U.S.A. by Oxford University Press; 2007. 501p.

[6] Higginbottom GM, Hadziabdic E, Yohani S, *et al.* Immigrant women's experience of maternity services in Canada: A meta-ethnography. Midwifery. 2014; 30(5): 544-59. PMid:23948185 http://dx.doi.org/10.1016/j.midw.2013.06.004

[7] Edberg MC. Essentials of health, culture, and diversity: understanding people, reducing disparities. 1st ed. Burlington, MA: Jones & Bartlett Learning; 2013. 179 p.

[8] Tomalin B, Stempleski S. Cultural Awareness. Maley A, editor. Bristol: Oxford University Press; 2013. 168 p.

[9] Campinha-Bacote J. The Process of Cultural Competence in the Delivery of Healthcare Services: a model of care. J Transcult Nurs. 2002; 13(3): 181-4. http://dx.doi.org/10.1177/10459602013003003

[10] Campinha-Bacote J. The process of cultural competence in the delivery of healthcare services: a culturally competent model of care. Cincinnati, Ohio: Transcultural C.A.R.E. Associates; 2003. 116 p.

[11] Sanou D, O'Reilly E, Ngnie-Teta I, *et al.* Acculturation and nutritional health of immigrants in Canada: a scoping review. Journal of Immigrant and Minority Health. 2014; 16(1): 24-34. PMid:23595263 http://dx.doi.org/10.1007/s10903-013-9823-7

[12] Trichopoulou A, Martínez-González MA, Tong TY, *et al.* Definitions and potential health benefits of the Mediterranean diet: views from experts around the world. BMC Medicine. 2014; 12(1): 1. PMid:25055810 http://dx.doi.org/10.1186/1741-7015-12-112

[13] Berry M. Ethnicity, Culture and Pain: Can an Anthropological Perspective Aid Clinical Practice? Pain and Rehabilitation-the Journal of Physiotherapy Pain Association. 2015; 2015(39): 29-34.

[14] Hill E, Hess R, Aborigo R, *et al.* "I don't know anything about their Culture": The Disconnect between Allopathic and Traditional Maternity Care Providers in Rural Northern Ghana. African Journal of Reproductive Health. 2014; 18(2): 36-45. PMid:25022140

[15] Kreuter MW, McClure SM. The role of culture in health communication. Annu Rev Public Health. 2004; 25: 439-55. PMid:15015929 http://dx.doi.org/10.1146/annurev.publhealth.25.101802.123000

[16] Higginbottom GM, Safipour J, Yohani S, *et al.* An ethnographic study of communication challenges in maternity care for immigrant women in rural Alberta. Midwifery. 2015; 31(2): 297-304. PMid:25451546 http://dx.doi.org/10.1016/j.midw.2014.09.009

[17] Swedish Society for Nursing. For equitable care: Svensk sjuksköterskeförening; 2013 [cited 2016 2016-03-08]. Available from: http://www.swenurse.se/Sa-tycker-vi/Omvardnadsmagasinets-ledare/For-en-jamlik-vard/

[18] Svensk författningssamling SFS 2009:1037 (1992).

[19] Kapborg I. Nursing education in Sweden: development from vocational training to higher level education. J Adv Nurs. 1998; 27(2): 372-8. http://dx.doi.org/10.1046/j.1365-2648.1998.00517.x

[20] National Agency for Higher Education. The internationalisation of higher education in Sweden. Stockholm: National Agency for Higher Education. 2005.

[21] Momeni P, Jirwe M, Emami A. Enabling nursing students to become culturally competent–a documentary analysis of curricula in all Swedish nursing programs. Scand J Caring Sci. 2008; 22(4): 499-

506. PMid:19068045 http://dx.doi.org/10.1111/j.1471-6712.2007.00554.x

[22] Lundberg PC, Backstrom J, Widen S. Caregiving to patients who are culturally diverse by Swedish last-year nursing students. J Transcult Nurs. 2005; 16(3): 255-62. PMid:15980053 http://dx.doi.org/10.1177/1043659605274952

[23] Vandenberg H, Kalischuk RG. Conceptualizations of culture and cultural care among undergraduate nursing students: an exploration and critique of cultural education. J Cult Divers. 2014; 21(3): 99-107. PMid:25306840

[24] Sargent SE, Sedlak CA, Martsolf DS. Cultural competence among nursing students and faculty. Nurse Education Today. 2005; 25(3): 214-21. PMid:15795024 http://dx.doi.org/10.1016/j.nedt.2004.12.005

[25] Bohman DM, Borglin G. Student exchange for nursing students: does it raise cultural awareness? A descriptive, qualitative study. Nurse Educ Pract. 2014; 14(3): 259-64. PMid:24406034 http://dx.doi.org/10.1016/j.nepr.2013.11.006

[26] Nilsson J, Carlsson M, Johansson E, *et al.* Nursing in a globalized world: Nursing students with international study experience report higher competence at graduation. Open Journal of Nursing. 2014; 4(12): 848. http://dx.doi.org/10.4236/ojn.2014.412090

[27] Repo H, Vahlberg T, Salminen L, *et al.* The Cultural Competence of Graduating Nursing Students. J Transcult Nurs. 2016. PMid:26873438 http://dx.doi.org/10.1177/1043659616632046

[28] Cerezo PG, Galceran MS, Soriano MG, *et al.* Design and evaluation of an educational course in cultural competence for nursing. Procedia-Social and Behavioral Sciences. 2014; 132: 262-8. http://dx.doi.org/10.1016/j.sbspro.2014.04.308

[29] Gebru K, Willman A. Education to promote culturally competent nursing care–a content analysis of student responses. Nurse Educ Today. 2010; 30(1): 54-60. PMid:19581027 http://dx.doi.org/10.1016/j.nedt.2009.06.005

[30] Reyes H, Hadley L, Davenport D. A comparative analysis of cultural competence in beginning and graduating nursing students. ISRN Nurs. 2013. PMid:23762601 http://dx.doi.org/10.1155/2013/929764

[31] Hadziabdic E, Safipour J, Bachrach-Lindström M, *et al.* Swedish version of measuring cultural awareness in nursing students: validity and reliability test. BMC Nursing. 2016; 15: 25. PMid:27087783 http://dx.doi.org/10.1186/s12912-016-0146-6

[32] Krainovich-Miller B, Yost JM, Norman RG, *et al.* Measuring cultural awareness of nursing students: a first step toward cultural competency. Journal of Transcultural Nursing. 2008. PMid:18445761 http://dx.doi.org/10.1177/1043659608317451

[33] Rew L, Becker H, Chontichachalalauk J, *et al.* Cultural diversity among nursing students: Reanalysis of the cultural awareness scale. Journal of Nursing Education. 2014; 53(2): 71-6. http://dx.doi.org/10.3928/01484834-20140122-01

[34] Om etikprövning av forskning som avser människor, SFS 2003:460 (2003).

[35] Mareno N, Hart PL. Cultural competency among nurses with undergraduate and graduate degrees: implications for nursing education. Nurs Educ Perspect. 2014; 35(2): 83-8. PMid:24783722 http://dx.doi.org/10.5480/12-834.1

[36] Sam DL, Berry JW. Acculturation when individuals and groups of different cultural backgrounds meet. Perspectives on Psychological Science. 2010; 5(4): 472-81. PMid:26162193 http://dx.doi.org/10.1177/1745691610373075

[37] Phinney JS. Ethnic identity and self-esteem: A review and integration. Hispanic Journal of Behavioral Sciences. 1991; 13(2): 193-208. http://dx.doi.org/10.1177/07399863910132005

[38] Population projections [Internet]. Statistics Sweden (SCB). 2016 [cited 2016]. Available from: http://www.scb.se/sv_/Hitta-statistik/Statistik-efter-amne/Befolkning/Befolkningsframskrivningar/Befolkningsframskrivningar/