



# An Integrative Literature Review of Challenges and Opportunities Presented by Cultural and Linguistic Diversity in Nursing Education Settings

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**ABSTRACT.** Introduction: Cultural and linguistic diversity in nursing education settings has become increasingly prevalent due to globalization and the growing multicultural populations in many countries. The aim of the literature review is to examine and synthesize existing research on the challenges and opportunities presented by cultural and linguistic diversity in nursing education settings with the intention to provide a comprehensive understanding of the implications for nursing education.

**Methods:** An integrative literature review was employed, guided by Whittemore and Knafl's five-step methodology. A total of 16 articles were included, which targeted nursing students, educators, mentors, and preceptors, published between 2014 and 2024. Data were sourced from CINAHL, ERIC, PubMed, Scopus®, and reference lists, using structured search terms related to cultural and linguistic diversity. The Critical Appraisal tools were applied to assess methodological rigor and ensure reliability. Data were analyzed and synthesized thematically to address the review question.

**Results:** Studies from 10 countries from different regions of the world were included. Three overarching themes emerged from the review. These themes encompass the key challenges identified, the opportunities recognized, and the suggested strategies to address the challenges while leveraging the opportunities within culturally and linguistically diverse nursing education settings.

**Conclusion:** While cultural diversity in nursing education presents challenges, it also fosters growth, learning, and collaboration. Addressing these factors is essential for enhancing cultural competence and preparing future nurses for effective practice in diverse healthcare environments.

**KEY WORDS:** multiculturalism, multilingualism, comprehensive review, healthcare studies, chances, and barriers.

## INTRODUCTION

Globalization has facilitated the movement of people across borders, resulting in diverse populations seeking healthcare services in different countries (Hossin, 2020). This has led to an influx of individuals from various cultural and linguistic backgrounds into nursing profession. Additionally, migration patterns have contributed to the diversification of nursing students, as individuals relocate to pursue educational opportunities or seek better working opportunities within the healthcare systems (Moyce et al., 2016).

In recent years, nursing education has experienced a significant increase in cultural and linguistic diversity. This can be attributed to several factors, including globalization, migration patterns, and the growing multicultural populations in many countries (Moyce et al., 2016). Furthermore, the changing demographics within many countries have also played a role in the increasing cultural and linguistic diversity in higher education settings (Markey et al., 2023), similarly in nursing education. As societies become more multicultural, nursing programs are enrolling students from a wide range of ethnic, cultural and linguistic backgrounds.

Available literature highlighted the challenges posed by language and communication barriers in multicultural settings (Pera, 2024), particularly in the healthcare environment (Mohammad et al., 2015). Nursing education that addresses these barriers equips students with the necessary language skills and communication strategies to effectively interact with patients who have limited English proficiency or speak different languages. In an increasingly interconnected world, cultural and linguistic diversity in

nursing education prepares students to work in global healthcare settings (Baker et al., 2021). It is suggested that nursing education that embraces cultural and linguistic diversity contributes to a more diverse nursing workforce (Brown & Waller, 2022). Therefore, a culturally diversified nursing workforce can better reflect the communities they serve, leading to improved patient satisfaction, increased access to care, and better health outcomes. Cultural and linguistic diversity in nursing education emphasizes the development of cultural competence among nursing students (Young & Guo, 2016). Cultural competence involves understanding and appreciating the cultural backgrounds, beliefs, and practices of patients, which is crucial for providing respectful and effective nursing care (Kaihlanen et al., 2019).

The growing multiculturalism and multilingualism in health sciences education presents both opportunities and barriers for facilitators and students. However, there is a lack of comprehensive understanding regarding the specific challenges and opportunities that arise from this diversity, hindering the development of effective strategies to address them (Juntunen et al., 2024). This knowledge gap limits the ability of nursing education institutions to provide culturally competent education and support systems that meet the needs of diverse students.

Therefore, conducting an integrative literature review is essential to explore and synthesize existing evidence on the challenges and opportunities associated with cultural and linguistic diversity in nursing education. Future research should further examine the effectiveness of cultural competence training across varied educational and clinical contexts. By critically analyzing current findings, this review aims to generate evidence-based recommendations that foster inclusivity, enhance cultural competence, and ultimately improve learning outcomes in nursing education.

## **PURPOSE AND AIMS OF THE INTEGRATIVE LITERATURE REVIEW**

The purpose of this integrative literature review is to examine and synthesize existing research on the challenges and opportunities presented by cultural and linguistic diversity in nursing education settings with the intention to provide a comprehensive understanding of the implications for nursing education.

The identified themes are challenges, opportunities, and suggestions. Challenges highlighted include systemic, resource-related, and contextual barriers that hinder effective implementation and sustainability. Opportunities identified point to technological advancements, strong stakeholder engagement, and enabling policy environments that can be leveraged to strengthen practices and outcomes. Suggestions to address challenges and maximize opportunities include capacity building, adequate resource mobilization, fostering cross-sector collaboration, and adapting interventions to the local context to ensure feasibility, sustainability, and long-term impact.

Research aims were

- To identify and critically analyse the main challenges experienced by students and educators resulting from cultural and linguistic diversity in nursing education.

- To explore the opportunities offered by such diversity and their potential benefits for the teaching and learning environment.
- To propose evidence-based recommendations for educators, administrators, and policymakers on how to address these challenges and harness the potential benefits.

### **Research questions.**

- What specific challenges do educators and students face in nursing education as a result of cultural and linguistic diversity?
- What opportunities emerge from this diversity, and how do they benefit the educational process?
- What strategies can be recommended to effectively manage challenges and maximise the benefits of cultural and linguistic diversity in nursing education?

## **METHOD**

### **Review Method**

This integrative literature review followed the five-step methodology outlined by Whittemore and Knafl (2005), which includes problem identification, literature search, data evaluation, data analysis, and presentation of findings. The integrative review design was deemed most appropriate for this topic as it facilitates the synthesis of diverse empirical and theoretical sources to achieve a comprehensive understanding of the complex relationships among culture, language, and nursing education. Unlike systematic reviews, which focus primarily on assessing intervention effectiveness, or scoping reviews, which aim to map the extent of existing research, the integrative approach enables critical analysis and integration of studies employing varied methodologies. This methodological breadth allows for a deeper examination of both challenges and opportunities, yielding nuanced insights and evidence-based recommendations to promote inclusivity and cultural competence in nursing education. To identify the problem, the authors posed the research main question: what are the challenges and opportunities presented by cultural and linguistic diversity in nursing education settings? We searched databases CINAHL, ERIC, PubMed, and Scopus® and hand searched the reference lists of pertinent articles.

The search strategy involved combining key words. The following search terms were grouped accordingly: ("Cultural diversity" OR "Linguistic diversity" OR "Cultural and linguistic diversity" OR "Multicultural") AND ("Nursing education") AND ("Challenges" OR "Opportunities" OR "Cultural competence" OR "Inclusion" OR "Cross-cultural communication" OR "Language barriers").

## **INCLUSION AND EXCLUSION CRITERIA**

Articles and thesis used in this review meet the following criteria:

- Original articles focus on experiences and/or perceptions on linguistic diversity in nursing education.
- Published in peer reviewed journals, available through open access or institutional repositories.
- Published between 2014 and 2024.
- Written in English
- Employed qualitative, quantitative, and mixed methods designs.
- Population of nursing students, nursing lecturers/educators, mentors, preceptors.

Exclusion criteria: Articles or theses focusing on practicing nurses and other healthcare professionals.

## SEARCH STRATEGY

Initially, 110 records were identified through database searches. After removing 23 duplicates, 87 records were screened by title and abstract. Of these, 56 records were excluded for reasons such as focusing on other health sciences students, involving other nurses in practice using interventions or secondary data. This left 31 full-text articles for eligibility assessment. Among them, 15 were excluded due to the unavailability of full-text versions. Ultimately, 16 studies were included in the final review. The PRISMA flowchart summarizes this in Figure 1.

### Identification of studies via databases and registers

Records identified from\*:

Databases (n = 110)

377 Philip Roth Studies

Records removed *before screening*:

Duplicate records removed (n = 23)

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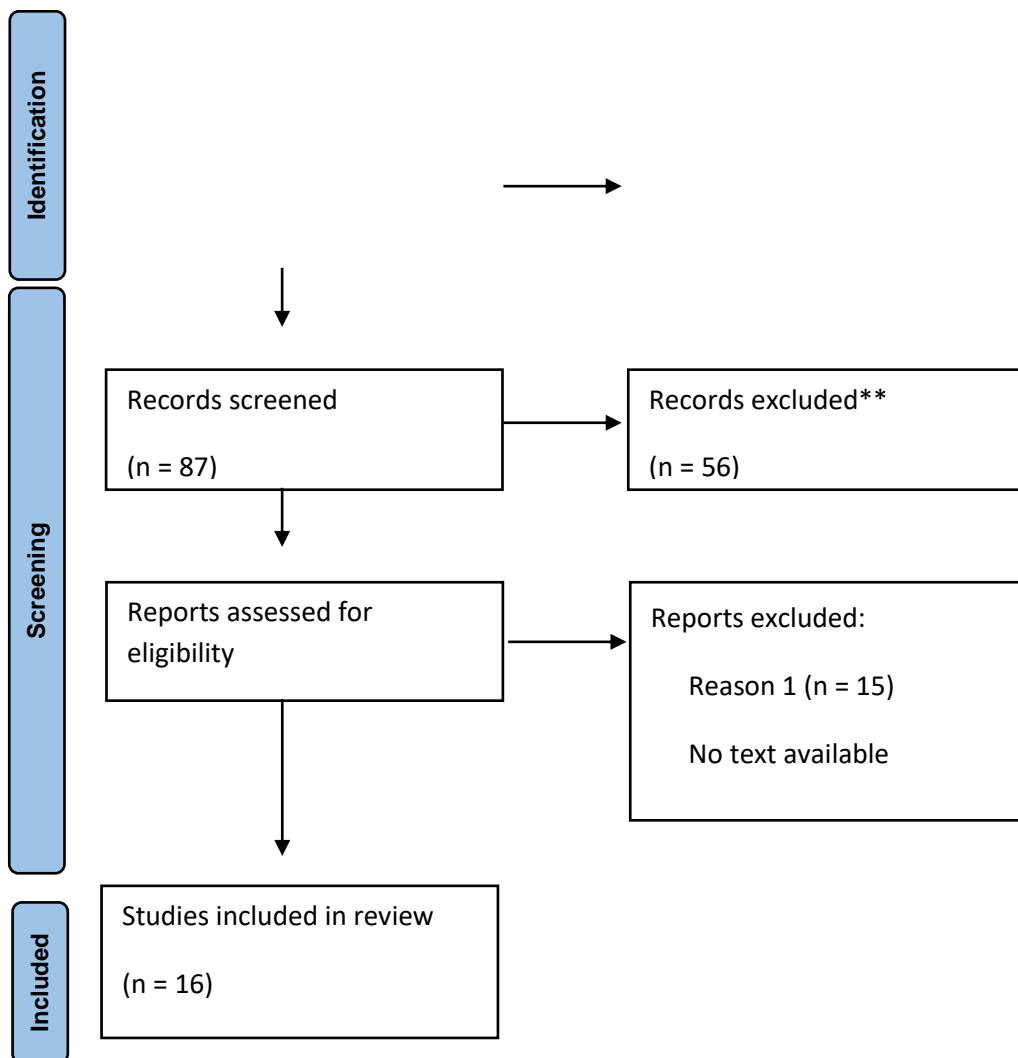


Figure 1. PRISMA Flow Diagram of integrative review (adapted from Page et al, 2021)

**Table 1: Characteristics of the included articles (n=16)**

Author/s; Year; Country	Purpose	Research approach; Sample size	Results
<b>Adedokun et al., 2022; USA</b>	To explore the lived experiences of ESL Baccalaureate Prelicensure Nursing (BSN) students in simulation environments.	A qualitative phenomenological approach (n = 9 BSN students)	Eight themes were identified: active engagement, adaptation strategies, mutual connectedness, peer and faculty support, linguistic difficulties, cultural challenges, feeling of being vulnerable, and pressure to perform.
<b>Antón-Solanas et al., 2021; Taiwan</b>	To analyse European student nurses' experience of learning cultural competence and working with patients from diverse cultural backgrounds.	A qualitative phenomenological approach (n = 40 undergraduate student nurses)	Five themes and 16 subthemes emerged, including concepts of culture, personal awareness, learning cultural competence, and learning during practice placements.
<b>Armah et al., 2020; Canada</b>	To explore undergraduate nursing students' perceptions regarding intercultural communication in their program.	A qualitative descriptive design (n = 10 fourth-year undergraduate nursing students)	Students noted limited intercultural communication content in curricula but valued its role in fostering empathetic and culturally safe practice; identified barriers included language, power differentials, gender, and staffing.
<b>Ashipala &amp; Matundu, 2023;</b>	To investigate nursing students' experiences of communication in a multilingual and	A qualitative, explorative, descriptive research design (n = 16)	Four themes emerged: complicating aspects of communication, interesting communication aspects, need for communication assistance, and policy

Namibia	multicultural clinical environment.	nursing students)	intervention necessity.
<b>Graham et al., 2024; Australia</b>	To explore international nursing students' cultural, societal, and learning experiences at a regional university.	A qualitative research design (n = 17 nursing students)	Themes included preparedness to study, communication challenges, learning barriers, face-to-face environments, discrimination, university and community support, and personal strategies.
<b>Hagqvist et al., 2020; Finland</b>	To describe clinical mentors' experiences of intercultural communication competence in mentoring culturally and linguistically diverse students.	A qualitative study design (n = 12 clinical mentors)	Mentors emphasized empathy, reported lack of resources and support, and described initial fear of other cultures, which improved through positive experiences.
<b>Hari et al., 2021; Australia</b>	To identify clinical supervisors' perspectives on factors affecting diverse students' clinical learning and strategies to overcome challenges.	A qualitative research design (n = 9 clinical supervisors)	Factors included poor English, unfamiliar slang and terminology, cultural expectations, mismatch with teaching methods, short placements, inconsistent preceptor allocation, and inadequate training.
<b>Garone et al., 2020; Dutch</b>	To investigate students' and teachers' interests and expectations in multilingual nursing education.	A mixed methods study (n = 180 students, n = 7 teachers)	Students preferred separate language courses; teachers supported integrated education but required more time, expert support, and clear objectives.
<b>Granel et al., 2019; Spain</b>	To determine nursing student satisfaction with a clinical skills course taught	A cross-sectional study (n = 159 nursing students)	Students did not find English a barrier and were satisfied; they believed it added value and future benefit to their

	in English in a non-English speaking country.		training.
<b>Juntunen et al., 2024; Finland</b>	To describe nurse educators' perceptions of competence development in CALD nursing students.	A descriptive qualitative approach (n = 20 volunteer nurse educators)	Categories: educator competence, supportive learning environments, and student-specific competence development.
<b>Mikkonen et al., 2017; Finland</b>	To describe international and national students' perceptions of clinical learning and supervision.	An explorative cross-sectional design (n = 329 nursing students)	Beginner-level Finnish speakers rated the environment worse than native speakers; intermediate speakers had fewer negative cultural experiences.
<b>Newton et al., 2018; Australia</b>	To examine Registered Nurses' experiences supervising international nursing students in clinical settings.	A qualitative holistic case study (n = 6 Registered Nurses)	Four themes: communication, supervision role, language and culture, and supervisors' responsibility perceptions.
<b>Randall et al., 2020; Australia</b>	To explore international students' experiences with TBL in an Australian nursing program.	A qualitative study (n = 15 nursing students)	TBL promoted language proficiency, intercultural connection, and unexpectedly helped reduce racism from domestic students.
<b>Ropponen et al., 2023; Finland</b>	To describe CALD students' clinical practice experiences and career intentions in nursing.	A descriptive qualitative study (n = 22 nursing students)	Factors influencing retention included university/clinical support, equality, competence development, social/work integration, and clinical experiences.
<b>Strøm et al., 2023; India</b>	To examine Indian RNs' experiences supervising Norwegian nursing students during clinical practice in	A qualitative study (n = 8 Registered Nurses)	Themes: preparation, supervision role, learning from students, and challenges.

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	India.		
<b>Tan et al., 2022; China</b>	To explore facilitators and barriers for African postgraduate nursing students' internship adaptation.	A qualitative descriptive study (n = 12 African postgraduate nursing students)	Facilitators: teacher–student interaction, supportive environment, student motivation. Barriers: language, internship mismatch, limited skills practice, and system disparities.

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BSN: Baccalaureate Prelicensure Nursing; ESL: English as a Second Language; CALD: Culturally and Linguistically Diverse; TBL: Task Based Learning

## **CRITICAL APPRAISAL OF INCLUDED STUDIES**

The studies which met the inclusion criteria further evaluated by the two researchers to establish methodological rigor. Subsequently, articles were read, authenticated, reaffirmed to guarantee the rigor of the data, and ensure that they met the inclusion criteria. The credibility of the selected articles was grounded on the author(s), publication year and country, title, methods sample, and findings as illustrated in Table 1. The Critical Appraisal Skills Programme (CASP, 2018) checklist with ten items was employed to rate quality of the included qualitative studies. In a similar instance, two quantitative studies were rated according to evidence hierarchy matrix (Joanna Briggs Institute, 2017).

## **DATA EXTRACTION**

The data from the qualitative, quantitative, and mixed methods articles were extracted with the use of a standardized JBI assessment and review instrument. The two researchers (KLM and DM) together conducted data extraction and discussed to reach a consensus. The data extracted included the demographic information of the population, the phenomena of interest, study methods and findings that were relevant to the review questions.

**Table 2: Critical Appraisal Checklist for Qualitative studies included**

Study / Criterion	Adedokun et al. (2022)	Armah et al. (2020)	Antón-Solanas et al. (2021)	Ashipala and Matundu (2023)	Graham et al. (2024)	Hagqvist et al. (2020)	Hari et al. (2021)	Juntunen et al. (2024)	Newton et al. (2018)	Randall et al. (2020)	Ropponen et al. (2023)	Strøm et al. (2023)	Tan et al. (2022)
<b>Aim and objectives clearly described</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Research methods appropriate</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Research design appropriate to address the aim</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Recruitment of participants adequately described</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Data collection addressed</b>	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Relationship between researcher and participants has been adequately considered</b>	No	No	No	No	No	No	No	No	No	No	No	No	No

<b>Ethical issues adequately taken into consideration</b>	Yes												
<b>Data analysis sufficiently rigorous</b>	Yes												
<b>Findings clearly described</b>	Yes												
<b>Value of the research is adequately described</b>	Yes												

*Source: JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (2017)*

*Key: Yes; Cannot tell; No*

**Table 3: Critical Appraisal Checklist for Cross-sectional studies included**

Criterion	Granel et al., (2019)	Mikkonen et al., (2017)
<b>1. Were the criteria for inclusion in the sample clearly defined?</b>	Yes	Yes
<b>2. Were the study subjects and the setting described in detail?</b>	Yes	Yes
<b>3. Was the exposure measured in a valid and reliable way?</b>	Yes	Yes
<b>4. Were objective, standard criteria used for measurement of the condition?</b>	Yes	Yes
<b>5. Were confounding factors identified?</b>	Yes	Yes
<b>6. Were strategies to deal with confounding factors stated?</b>	Unclear	Unclear
<b>7. Were the outcomes measured in a valid and reliable way?</b>	Yes	Yes
<b>8. Was appropriate statistical analysis used?</b>	Yes	Yes

*Source: JBI Critical Appraisal Checklist for Systematic Reviews and Research Syntheses (2017)*

## RESULTS

### Demographics of the included studies

A total of 10 countries contributed to the studies. The included studies were geographically diverse with those published in the Finland and Australia with 4 (four) studies respectively, and the rest of the countries (Canada; China; Dutch; India; Namibia; Spain; Taiwan and USA) contributed for 1 (one) study each. Notably, thirteen (13) studies employed qualitative approach, 2 (two) studies employed quantitative approach, while 1 (one) study employed a mixed-method approach, Table 1.

Table 4 below provides a thematic overview of the findings from the 16 articles included in this review. It outlines the main themes and associated categories that emerged through a systematic analysis of the articles.

**Table 4: Results Overview of Included Studies**

Themes	Categories
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<b>Challenges identified</b>	Language barriers, and communication challenges Cultural differences between nursing students and facilitators Lack of cultural competence training
<b>Opportunities identified</b>	Enhanced cultural competence, sensitivity, and awareness Enriched learning experiences and perspectives Strengthened intercultural communication skills
<b>Suggestions to address challenges and to leverage opportunities</b>	Implementation of language support, international exchange programs and resources Provision of Cultural competence training for nursing students and educators Promotion of diverse learning environments and inclusion in nursing education

### **Presentation of themes and categories.**

#### **Theme 1: Challenges identified**

Across the reviewed literature, cultural and linguistic diversity was consistently framed as a double-edged phenomenon creating rich learning potential while simultaneously posing significant barriers to effective teaching, learning, and collaboration. Linguistic barriers and communication challenges were the most prominent obstacles. Limited proficiency in the language of instruction often resulted in misunderstandings, reduced classroom participation, and difficulties in clinical placements. Several studies highlighted that such barriers not only constrain academic performance but also lead to student isolation and diminished confidence. Importantly, communication difficulties were found to perpetuate inequities, with students from dominant language groups often better positioned to succeed. While language support initiatives were reported as beneficial, the literature suggests they are inconsistently implemented and not always sustainable, particularly in resource-constrained settings. Cultural differences between students and facilitators were also widely reported. Divergent cultural norms, values, and learning expectations frequently created misalignments in pedagogy. For instance, students from collectivist backgrounds sometimes struggled to adapt to participatory teaching methods that privilege individual expression, while facilitators misinterpreted silence or deference as disengagement. These tensions underscore a power imbalance: students are typically expected to assimilate into prevailing teaching norms, whereas educators are less frequently required to adapt their approaches. This asymmetry has been shown to reinforce inequities within multicultural classrooms. Additionally, limited cultural competence training for both students and educators was a recurring systemic gap. While many nursing programs emphasize cultural competence as a desired graduate outcome, few studies reported structured approaches to embedding it in curricula or faculty development. This leaves both students and educators underprepared to engage productively with diversity. The gap between policy rhetoric and actual pedagogical practice was evident across the literature, signalling a need for more robust, intentional strategies.

#### **Theme 2: Opportunities identified**

Despite these challenges, cultural and linguistic diversity was also shown to enrich nursing education in multiple ways when adequately supported. Enhanced cultural competence and awareness were among the most frequently cited benefits. Students exposed to diverse peers and perspectives developed deeper appreciation for cultural

variation and greater readiness for professional practice in multicultural healthcare settings. However, the literature highlights that these benefits are maximized when diversity is intentionally integrated into teaching and not left to chance encounters. Furthermore, enriched learning experiences and perspectives were also reported. Diverse classrooms encouraged critical thinking, adaptability, and innovative problem-solving by exposing students to multiple viewpoints. These learning opportunities were found to strengthen clinical reasoning and reflexivity skills increasingly valued in complex healthcare environments. However, without supportive facilitation, the same diversity risked reinforcing division rather than collaboration. Additionally, strengthened intercultural communication skills were consistently noted. Interactions across linguistic and cultural differences provided students with opportunities to refine listening, negotiation, and patient-centered communication skills. These competencies are critical for safe and equitable practice in globalized healthcare systems. The literature demonstrates strong consensus on the long-term professional value of such skills, positioning cultural and linguistic diversity as an asset rather than a liability.

### **Theme 3: Suggestions to address challenges and leverage opportunities**

In this theme, the reviewed studies offered practical strategies to mitigate barriers while maximizing the benefits of cultural and linguistic diversity. Firstly, implementation of language support initiatives including preparatory language programs, peer mentoring, and access to translation or interpretation tools was strongly recommended. Studies found that such interventions improved confidence, participation, and integration. Yet, sustainability was flagged as a challenge, especially in under-resourced contexts. Secondly, Integration of cultural competence training into nursing curricula and faculty development emerged as a central recommendation. Structured training equips both students and educators with the skills to navigate diversity constructively. While evidence shows positive outcomes where such training has been implemented, the literature lacks consensus on standard frameworks or models, pointing to a need for further research and evaluation. Lastly, promotion of inclusive institutional policies and practices was highlighted as essential for systemic change. Institutions that adopted intentional inclusion frameworks such as recruiting diverse faculty, embedding cultural diversity in curriculum design, and explicitly valuing linguistic diversity demonstrated improved student experiences and outcomes. However, such practices remain inconsistently applied across nursing education settings.

The synthesis of findings underscores that cultural and linguistic diversity in nursing education is best understood as a dynamic interplay of challenges and opportunities. On one hand, language barriers, cultural misalignment, and lack of structured competence training pose risks to equity, inclusion, and learning outcomes. On the other hand, when actively supported, diversity enhances cultural competence, communication, and clinical reasoning key attributes for contemporary nursing practice. A recurring theme across the literature is the gap between recognition and implementation. While most studies acknowledge the importance of cultural and linguistic diversity, relatively few provide evidence of sustained, systematic interventions. Furthermore, much of the evidence originates from high-income contexts, raising concerns about applicability in under-resourced settings where diversity is often more pronounced but less supported. The review affirms that cultural and linguistic diversity should not be regarded as a deficit to

be managed but rather as a resource to be intentionally leveraged. The central challenge lies in translating awareness into actionable, sustainable practices that embed inclusivity into the core of nursing education.

## DISCUSSIONS

The aim of this review is to assess the impact of cultural and linguistic diversity in nursing education. Specifically, it seeks to identify and critically analyze the main challenges faced by students and educators, explore the opportunities and potential benefits. One of the main challenges faced in nursing education settings is language barriers and communication challenges as identified by studies including those of (Antón-Solanas et al., 2021) in Taiwan, (Adedokun et al., 2022) in USA, (Newton et al., 2018) in Australia, (Randall et al., 2020) in Australia, (Ropponen et al., 2023) in Finland, as well as (Tan et al., 2022) in China. Another challenge faced in nursing education settings is the lack of cultural competence among nursing students and clinical mentors, as reported by (Hari et al., 2021) in Australia and (Hagqvist et al., 2020) in Finland. Many students and mentors may not have the knowledge or skills necessary to effectively communicate and provide care to patients of different cultural backgrounds. The different languages spoken by students and facilitators can hinder effective communication, leading to misunderstandings and potential errors in patient care. This can create a barrier to learning, as students may struggle to fully understand the material being taught. This finding highlights that cultural and linguistic diversity, while enriching, also introduces significant barriers in nursing education. Language difficulties and limited cultural competence among both students and mentors can negatively affect communication, learning, and ultimately patient safety. When students cannot fully grasp instructional content or struggle to express themselves in clinical and simulation settings, their confidence and performance may suffer. Similarly, mentors lacking cultural awareness may be unable to provide adequate guidance or support, leading to feelings of exclusion and frustration among culturally and linguistically diverse students. These challenges suggest that without intentional strategies such as incorporating cultural competence training, offering tailored language support, and fostering inclusive teaching practices the benefits of diversity risk being overshadowed by persistent communication gaps and unequal learning opportunities.

The results of this review supported the results of the study conducted in Finland on registered nurses, where it was reported that nurses faced cultural, ethnic and linguistic challenges (Kamau et al., 2023). Additionally, the results were consistent with an ethnographic case study conducted on England medical students by (Liu & Li, 2023). Finally, another challenge identified is the cultural differences between nursing students and facilitators as reported by (Strøm et al., 2023) in India and (Lin et al., 2021) in Australia. Students may come from cultures with different beliefs, values, and practices, which can lead to misunderstandings and conflicts in the classroom. Facilitators may unintentionally impose their own cultural norms on students, leading to feelings of alienation and marginalisation. The lack of cultural competence training is another obstacle in nursing education. Without proper training on how to navigate cultural differences and communicate effectively with diverse populations, both students and facilitators may struggle to provide culturally competent care. This can have negative

effects on patient outcomes and satisfaction. Stereotyping and bias also present challenges in nursing education settings. Stereotypes and biases can affect the way students are perceived and treated, leading to unequal opportunities for learning and advancement. Educators must be aware of their own biases and work to create a welcoming and inclusive environment for all students. The results of this review are consistent with those of (Kamau et al., 2023) and the reviews conducted by (O'Brien et al., 2021) and (Radhamony et al., 2021).

Despite the identified challenges, there are numerous opportunities for nursing educators to promote cultural and linguistic diversity in nursing education. One of the key opportunities presented by cultural and linguistic diversity in nursing education is the improvement of cultural competence, sensitivity, and awareness. In two different qualitative studies conducted in Taiwan by (Antón-Solanas et al., 2021) and Finland by (Ropponen et al., 2023), reported that cultural diversity enriched student learning experiences and perspectives. These results are consistent with the studies conducted by (MacDaniel, 2020) and (Schouten et al., 2023). The study aimed to provide recommendations for adequately training healthcare providers in intercultural communication skills. Therefore, by incorporating cultural competency training into the curriculum, educators can help students develop the necessary skills to provide culturally sensitive care to patients from diverse backgrounds. In addition, diversity in nursing education settings also leads to enriched learning experiences and perspectives. When students from different cultural and linguistic backgrounds come together, they bring with them unique perspectives and insights that can enrich classroom discussions and enhance the overall learning experience. This diversity of thought can lead to innovative solutions to healthcare challenges and help students develop a more well-rounded understanding of the complex issues facing the healthcare industry. Another opportunity presented by cultural and linguistic diversity in nursing education settings is the promotion of a safe learning environment for students as identified from (Antón-Solanas et al., 2021) in Taiwan and (Ropponen et al., 2023) in Finland. By fostering an inclusive and welcoming environment where students feel respected and valued regardless of their cultural background, educators can help create a space where students feel free to express themselves and engage in open dialogue. This safe space not only benefits the students themselves but also contributes to a more positive and supportive learning environment for all. Furthermore, cultural and linguistic diversity in nursing education settings can help students strengthen their intercultural communication skills. Therefore, exposing students to a variety of cultures and languages can help them develop empathy and understanding towards patients from diverse backgrounds. It can also enhance their communication skills and problem-solving abilities as they navigate through different cultural norms and practices. Additionally, providing language interpretation services and resources can help bridge the communication gap between nurses and patients who speak different languages. These opportunities were identified in studies conducted by (Ropponen et al., 2023) in Finland and the study by (Ashipala & Matundu, 2023) in Namibia. As healthcare providers, nurses must be able to effectively communicate with patients from diverse backgrounds in order to provide high-quality care. By interacting with peers from different cultural and linguistic backgrounds, nursing students can improve their ability to communicate across cultural barriers and develop the cultural competence necessary to effectively deliver patient-centered care.

The results supported the results of the study conducted by (Larsen et al., 2021) in India on interpersonal communication as experienced by nurses working in culturally diverse hospitals.

## **SUGGESTIONS TO ADDRESS CHALLENGES AND TO LEVERAGE OPPORTUNITIES**

From the findings of this review, it is noteworthy to state that the field of nursing is becoming increasingly diverse, with nurses from various cultural and linguistic backgrounds entering education settings. While this diversity brings many opportunities for growth and learning, it also presents challenges that must be addressed in order to ensure the success of all students, educators and mentors. One of the main challenges presented by cultural and linguistic diversity in nursing education settings is the potential for miscommunication and misunderstandings. Cultural diversity seriously impacts communication by introducing challenges such as misunderstandings from various communication styles (indirect vs. direct), language barriers and varying non-verbal cues, which is essential in the field of healthcare (Alhamami, 2022; Schkinder, 2024). In order to address this challenge, implementation of language support programs and resources to support student nurses, educators and clinical mentors is crucial as suggested by (Granel et al., 2019) in Spain. These programs can help students and educators navigate language barriers and ensure that everyone is able to effectively communicate with one another. According to (Johnston et al., 2022), the aims of promoting student international educational programs are to increase effectiveness of international co-operation, increase respect for cultural identity and diversity and improve personal interactions and working relations. Furthermore, promoting diversity and inclusion in nursing education programs, nursing education institutions can create a more welcoming and supportive environment for students of all backgrounds. This can lead to increased collaboration and understanding among students and educators, ultimately enhancing the overall learning experience. This suggestion supports the study of (Aronowitz et al., 2023) on promotion of diversity of thought as the study reported that it is important to create an inclusive learning environment through a well-developed syllabus. The authors further suggested that fostering a sense of belonging begins with building interpersonal relationships between stakeholders in the nursing education institutions. Another challenge presented by cultural and linguistic diversity in nursing education settings is the need for cultural competence training. Nursing students and educators must be well-versed in cultural differences and be able to provide culturally sensitive care to patients from diverse backgrounds. By providing cultural competence training as suggested by (Ropponen et al., 2023) in Finland, nursing programs can ensure that their graduates are equipped to care for patients from all walks of life. This review results supports the results of the study conducted by (Akintade et al., 2023). The study suggested that diversity is especially important in the nursing workforce and patients demand a diverse nursing workforce that can provide culturally competent care (Akintade et al., 2023). Another important suggestion to address the challenges presented by cultural and linguistic diversity in nursing education settings is the provision of cultural competence training for nursing students and educators. Cultural competence training helps students and educators develop an understanding and

appreciation of different cultural beliefs, values, and practices, enabling them to provide more culturally sensitive and effective care to patients (Juntunen et al., 2024; Mikkonen et al., 2017; Randall et al., 2020). To cultural competence training, promoting diversity and inclusion in nursing education programs is essential for creating a welcoming and inclusive learning environment for students from diverse cultural backgrounds. Nursing education institutions can actively recruit students from diverse ethnic, cultural, and linguistic backgrounds, and create programs and initiatives that celebrate diversity and promote inclusivity. By implementing language support programs, providing cultural competence training, promoting diversity and inclusion, nursing education institutions can ensure that their students are well-prepared to meet the needs of a diverse patient population.

This review has some limitations. First, despite applying inclusion and exclusion criteria to ensure relevance, some pertinent studies may have been unintentionally omitted. Second, there is a risk of selection and interpretation bias, as the authors may have focused on studies aligning with their perspectives. Third, inconsistent definitions and measures of cultural and linguistic diversity across studies made synthesis challenging. Lastly, given the evolving nature of diversity in education, some emerging challenges and opportunities may not be fully reflected in the current literature.

## RECOMMENDATIONS

To address the challenges and leverage the opportunities of cultural and linguistic diversity in nursing education, the following general guidelines are proposed:

At the system and curriculum level, nursing education should intentionally embed diversity and inclusivity by integrating cultural competence, global health, and inclusive care into theory, clinical practice, and simulation. Institutions must also provide language support resources such as writing centers and communication programs and adopt equity policies that actively prevent discrimination and promote equal opportunities for culturally and linguistically diverse students.

At the educator level, teaching and mentorship are pivotal. Nurse educators should adopt culturally responsive strategies, design inclusive case studies and simulations, and use language-sensitive pedagogy with plain explanations, glossaries, and fair assessments. They must model cultural competence in classroom and clinical settings and engage in ongoing professional development in diversity, equity, and inclusion to effectively guide diverse cohorts.

At the student level, support and empowerment are essential. Learners studying in additional languages need tailored academic and clinical communication support, alongside opportunities for peer learning, mentorship, and intercultural collaboration to reduce isolation. Reflective practices such as journals, debriefings, and guided discussions can help students examine assumptions and build cultural humility, while inclusive group work and problem-based learning ensure all voices are valued.

For future research, emphasis should shift from description to intervention by evaluating strategies that enhance cultural competence among students and educators. Priorities include examining language barriers in learning and clinical communication and testing

interventions such as tailored language programs, intercultural mentorship, and culturally responsive pedagogy. Comparative and longitudinal studies are needed to assess their effectiveness, scalability, and sustainability, advancing equity and preparing nurses for safe, inclusive, and patient-centered care.

Through these interlinked recommendations, nursing education can progress toward a more inclusive, equitable, and culturally responsive environment that equips both educators and students to deliver safe, competent, and compassionate care across diverse contexts

## CONCLUSION

According to this review, while cultural and linguistic diversity in nursing education settings may pose challenges, it also offers valuable opportunities for growth, learning, and collaboration. By addressing language barriers, promoting cultural competence, and embracing diversity, nursing education settings can prepare students to thrive in an increasingly multicultural healthcare landscape. Ultimately, embracing cultural and linguistic diversity in nursing education settings is not only essential for providing high-quality patient care but also for shaping the future of nursing practice in a diverse and interconnected world. This review provided a baseline for future nursing research on cultural and linguistic diversity in the nursing education settings.

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## REFERENCES

Adedokun, C., Tang, J., & Cavanaugh, C. (2022). English-as-a-second language baccalaureate prelicensure nursing students' perception of simulation experiences. *Journal of Professional Nursing*, 41(2022), 149–156. <https://doi.org/10.1016/j.profnurs.2022.05.004>

Akintade, B., González, J., Idzik, S., & Indenbaum-Bates, K. (2023). Intentional diversity in academia: Recruiting, admitting, enrolling, and retaining underrepresented students in nursing programs. *Journal of Professional Nursing*, 45(2023), 21–28. <https://doi.org/10.1016/j.profnurs.2023.01.004>

Alhamami, M. (2022). Language barriers in multilingual Saudi hospitals: Causes, consequences, and solutions. *International Journal of Multilingualism*, 19(4), 553–565. <https://doi.org/10.1080/14790718.2021.1964827>

Antón-Solanas, I., Tambo-Lizalde, E., Hamam-Alcober, N., Vanceulebroeck, V., Dehaes, S., Kalkan, I., Kömürcü, N., Coelho, M., Coelho, T., Nova, A. C., Cordeiro, R., Sagarra-Romero, L., Subirón-Valera, A. B., & Huércanos-Esparza, I. (2021). Nursing students' experience of

learning cultural competence. *PLoS One*, 16(12), e0259802. <https://doi.org/10.1371/journal.pone.0259802>

Armah, N., Martin, D., Harder, N., & Deer, F. (2020). Undergraduate nursing students' perspectives of intercultural communication: A qualitative descriptive study. *Nurse Education Today*, 95(2020), 104604. <https://doi.org/10.1016/j.nedt.2020.104604>

Aronowitz, T., Amoah, R. K., Fisher, M. A., Manero, C., Peterson, K., Terrien, J. M., Wassef, M. E., & Morris, N. (2023). Facilitating diversity of thought in learning environments for nursing students. *Journal of Professional Nursing*, 46(2023), 141–145. <https://doi.org/10.1016/j.profnurs.2023.03.009>

Ashipala, D. O., & Matundu, M. (2023). Nursing students' experiences of communication in a multilingual and multicultural clinical environment: A qualitative study. *Nursing Open*, 10(10), 6875–6884. <https://doi.org/10.1002/nop2.1939>

Baker, C., Cary, A. H., & da Conceicao Bento, M. (2021). Global standards for professional nursing education: The time is now. *Journal of Professional Nursing*, 37(1), 86–92. <https://doi.org/10.1016/j.profnurs.2020.10.001>

Brown, J. S., & Waller, M. N. (2022). Enhancing diversity in nursing education: Implementing inclusive practices to create a bias-free learning environment. *Nurse Education Today*, 113 (2022), 105358. <https://doi.org/10.1016/j.nedt.2022.105358>

Dobrushina, N., & Moroz, G. (2021). The speakers of minority languages are more multilingual. *The International Journal of Bilingualism*, 25(4), 921–938. <https://doi.org/10.1177/13670069211023150>

Garone, A., Van de Craen, P., & Struyven, K. (2020). Multilingual nursing education: Nursing students' and teachers' interests, perceptions and expectations. *Nurse Education Today*, 86 (2022), 104311. <https://doi.org/10.1016/j.nedt.2019.104311>

Graham, C., Ng, L., Best, O., & Patrick, J. (2024). Experiences of international nursing students in a regional university: A clear direction for nursing education. *Collegian*, 31(4), 211–217. <https://doi.org/10.1016/j.colegn.2024.04.005>

Granel, N., Leyva-Moral, J. M., Bernabeu-Tamayo, M. D., Gómez-Ibáñez, R., Watson, C. E., & Aguayo-González, M. P. (2019). Student satisfaction with content and language integrated learning in nursing education: A cross-sectional study. *Nurse Education in Practice*, 38(2019), 21–26. <https://doi.org/10.1016/j.nepr.2019.05.011>

Hagqvist, P., Oikarainen, A., Tuomikoski, A. M., Juntunen, J., & Mikkonen, K. (2020). Clinical mentors' experiences of their intercultural communication competence in mentoring culturally and linguistically diverse nursing students: A qualitative study. *Nurse Education Today*, 87(2020), 104348. <https://doi.org/10.1016/j.nedt.2020.104348>

Hari, R., Geraghty, S., & Kumar, K. (2021). Clinical supervisors' perspectives of factors influencing clinical learning experience of nursing students from culturally and linguistically diverse backgrounds during placement: A qualitative study. *Nurse Education Today*, 102(2021), 104934. <https://doi.org/10.1016/j.nedt.2021.104934>

Hossin, M. Z. (2020). International migration and health: It is time to go beyond conventional theoretical frameworks. *BMJ Global Health*, 5(2), e001938. <https://doi.org/10.1136/bmjgh-2019-001938>

Idang, G. E. (2015). African culture and values. *International Journal of Sociology and Anthropology*, 16(2), 97–111.

The Joanna Briggs Institute. (2017). JBI critical appraisal checklist for analytical cross sectional studies. [https://jbi.global/sites/default/files/2019-05/JBI\\_Critical\\_Appraisal%20Checklist\\_for\\_Analytical\\_Cross\\_Sectional\\_Studies2017\\_0.pdf](https://jbi.global/sites/default/files/2019-05/JBI_Critical_Appraisal%20Checklist_for_Analytical_Cross_Sectional_Studies2017_0.pdf)

The Joanna Briggs Institute. (2017). JBI critical appraisal checklist for qualitative research. [https://jbi.global/sites/default/files/2019-06/JBI\\_Critical\\_Appraisal](https://jbi.global/sites/default/files/2019-06/JBI_Critical_Appraisal)

Johnston, J., McKenna, L., Malik, G., & Reisenhofer, S. (2022). Reported outcomes of nursing or midwifery students participating in international educational programs in their pre-registration education: A narrative systematic review. *Nurse Education Today*, 111(2022), 105320. <https://doi.org/10.1016/j.nedt.2022.105320>

Juntunen, M. M., Kamau, S., Oikarainen, A., Koskenranta, M., Kuivila, H., Ropponen, P., & Mikkonen, K. (2024). The experiences and perceptions of nurse educators of culturally and linguistically diverse nursing students' competence development: Qualitative study. *Nurse Education Today*, 135(2024), 106100. <https://doi.org/10.1016/j.nedt.2024.106100>

Kaihlanen, A.-M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: Qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*, 18(1), 38. <https://doi.org/10.1186/s12912-019-0363-x>

Kamau, S., Koskenranta, M., Isakov, T.-M., Kuivila, H., Oikarainen, A., Tomietto, M., & Mikkonen, K. (2023). Culturally and linguistically diverse registered nurses' experiences of integration into nursing workforce: A qualitative descriptive study. *Nurse Education Today*, 121(2023), 105700. <https://doi.org/10.1016/j.nedt.2022.105700>

Larsen, R., Mangrio, E., & Persson, K. (2021). Interpersonal communication in transcultural nursing care in India: A descriptive qualitative study. *Journal of Transcultural Nursing*, 32(4), 310–317. <https://doi.org/10.1177/1043659620920693>

Lin, F. F., Del Fabbro, L., Needham, J., Sidwell, D., & Shaw, J. (2021). Supporting culturally and linguistically diverse (CALD) undergraduate nursing students undertaking clinical placements in Australia: An exploratory qualitative study of clinical facilitator and CALD student perceptions. *Nurse Education Today*, 97, 104712. <https://doi.org/10.1016/j.nedt.2020.104712>

Liu, J., Gill, E., & Li, S. (2021). Revisiting cultural competence. *The Clinical Teacher*, 18(2), 191–197. <https://doi.org/10.1111/tct.13277>

Liu, J., & Li, S. (2023). An ethnographic investigation of medical students' cultural competence development in clinical placements. *Advances in Health Sciences Education*, 28(3), 705–739. <https://doi.org/10.1007/s10459-022-10177-7>

MacDaniel, T. E. (2020). Enhancing learning in diverse classrooms to improve nursing practice. *Teaching and Learning in Nursing*, 15(4), 245–247. <https://doi.org/10.1016/j.teln.2020.05.004>

Markey, K., Graham, M. M., Tuohy, D., McCarthy, J., O'Donnell, C., Hennessy, T., Fahy, A., & O'Brien, B. (2023). Navigating learning and teaching in expanding culturally diverse higher education settings. *Higher Education Pedagogies*, 8(1), 1–16. <https://doi.org/10.1080/23752696.2023.2165527>

Merriam-Webster. (2024a). Challenge: Definition & meaning. <https://www.merriam-webster.com/dictionary/challenge>

Merriam-Webster. (2024b). Opportunity: Definition & meaning. <https://www.merriam-webster.com/dictionary/opportunity>

Mikkonen, K., Elo, S., Miettunen, J., Saarikoski, M., & Kääriäinen, M. (2017). Clinical learning environment and supervision of international nursing students: A cross-sectional study. *Nurse Education Today*, 52(2017), 73–80. <https://doi.org/10.1016/j.nedt.2017.02.017>

Mohammad, A., Saini, B., & Chaar, B. B. (2015). Exploring culturally and linguistically diverse consumer needs in relation to medicines use and health information within the pharmacy setting. *Research in Social and Administrative Pharmacy*, 11(4), 545–559. <https://doi.org/10.1016/j.sapharm.2014.11.002>

Moyce, S., Lash, R., & de Leon Siantz, M. L. (2016). Migration experiences of foreign-educated nurses: A systematic review of the literature. *Journal of Transcultural Nursing*, 27(2), 181–188. <https://doi.org/10.1177/1043659615569538>

Newton, L., Pront, L. M., & Giles, T. M. (2018). Registered nurses' experiences supervising international nursing students in the clinical setting. *Collegian*, 25(5), 533–540. <https://doi.org/10.1016/j.colegn.2018.01.005>

O'Brien, E.-M., O'Donnell, C., Murphy, J., O'Brien, B., & Markey, K. (2021). Intercultural readiness of nursing students: An integrative review of evidence examining cultural competence educational interventions. *Nurse Education in Practice*, 50(2021), 102966. <https://doi.org/10.1016/j.npr.2021.102966>

Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *bmj*, 372. <https://doi.org/10.1136/bmj.n71>

Peras, C. C. (2024). Navigating linguistic challenges: Strategies for minimizing barriers in English language communication. *International Multidisciplinary Journal of Research for Innovation, Sustainability, and Excellence*, 1(2), 45–52. <https://orcid.org/0000-0002-5103-2884>

Radhamony, R., Cross, W. M., & Townsin, L. (2021). Nursing education to enhance culturally and linguistically diverse (CALD) community access to mental health services: A scoping review. *Issues in Mental Health Nursing*, 42(11), 1048–1063. <https://doi.org/10.1080/01612840.2021.1925792>

Randall, S., Crawford, T., & River, J. (2020). Us and them: The experience of international nursing students engaged in team-based learning: A qualitative descriptive study. *Nurse Education Today*, 92(2020), 104527. <https://doi.org/10.1016/j.nedt.2020.104527>

Ropponen, P., Kamau, S., Koskenranta, M., Kuivila, H., Oikarainen, A., Isakov, T., Tomietto, M., & Mikkonen, K. (2023). Culturally and linguistically diverse nursing students' experiences of integration into the working environment: A qualitative study. *Nurse Education Today*, 120(2023), 105654. <https://doi.org/10.1016/j.nedt.2022.105654>

Schkinder, K. (2024). The crucial role of English language in intercultural communication within global healthcare. *International Science Journal of Education & Linguistics*, 3(1), 63–68. <https://doi.org/10.46299/j.isjel.20240301.07>

Schouten, B. C., Manthey, L., & Scarvaglieri, C. (2023). Teaching intercultural communication skills in healthcare to improve care for culturally and linguistically diverse patients. *Patient Education and Counseling*, 115(2023), 107890. <https://doi.org/10.1016/j.pec.2023.107890>

South African Nursing Council. (2005). Nursing education and training standards. <http://www.sanc.co.za>

Strøm, B. S., Sarin, J., Steindal, S. A., & Andreassen, L. (2023). Registered nurses' experiences and perceptions of supervising international nursing students in a clinical setting: A qualitative study. *Nurse Education in Practice*, 66(2023), 103520. <https://doi.org/10.1016/j.npr.2022.103520>

Tan, X., He, Y., Zeng, Y., Tang, J., Huang, Y., & Sun, M. (2022). Facilitators and barriers of African postgraduate nursing students' adaptation to internship: A qualitative study. *Nurse Education Today*, 119(2022), 105534. <https://doi.org/10.1016/j.nedt.2022.105534>

Toronto, C. E., & Remington, R. (2020). A step-by-step guide to conducting an integrative review (1st ed.). Springer Nature. <https://doi.org/10.1007/978-3-030-37504-1>

Whittemore, R., & Knafl, K. (2005). The integrative review: Updated methodology. *Journal of Advanced Nursing*, 52(5), 546–553. <https://doi.org/10.1111/j.1365-2648.2005.03621.x>

Young, S., & Guo, K. L. (2016). Cultural diversity training: The necessity of cultural competence for health care providers and in nursing practice. *Health Care Manager*, 35(2), 94–102. <https://doi.org/10.1097/HCM.0000000000000100>