

Academic Training of Nursing Professionals From an Intercultural Perspective

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The academic training of nursing professionals from an intercultural perspective allows to efficiently associate the customs of traditional medicine with the scientific knowledge on the ways or forms of care and maintenance of health, thus ensuring the physical, biological, mental and spiritual well-being of the person, family and community of different cultures. The objective of the study was to investigate the scientific evidence on the academic training of nursing professionals from an intercultural perspective. Scopus and Scielo databases were explored for a total of 39 scientific articles. Four categories are evidenced: (a) potentiation of intercultural training in nursing professionals, (b) strengthening of the social role of the nursing professional, (c) positive and negative aspects in the development of the social role of the nursing professional, (d) implementation of the intercultural training of the nursing professional. It is concluded that, the academic training of the nursing professional is a part of the learning process on intercultural care for the constant practice of relevant cultural competencies in culturally diverse health systems.

Keywords: schools of nursing education, cultural background, role of the nurse, interculturality in health, intercultural education

INTRODUCTION

During the training of nursing professionals from the intercultural perspective, in addition to the academic activities that involve acquiring anthropological cognitive skills of cultural diversity in patients, family, and community, they are also integrated into an environment of forms of health care based on traditions, customs, and beliefs of each cultural area; factors of particular interest for the development of intercultural competencies (Reina, 2018; Tapia, 2018); thus, achieving positive effects in favor of health maintenance, based on values that are part of a society, respect for diversity and critical thinking, oriented

to the development of empathy that allows improving communication and providing acceptable and integrated cultural care (Sisa, 2019; Tapia, 2018; Núñez-Ramírez et al., 2018).

Worldwide, the experience of interculturality is based on respect for the diversity of ethnicity, nation, and society (Valdez, 2019). This added value, during the training processes in Europe, is proposed as a fundamental concept during the academic training of health professionals, as well as to train nurses with intercultural sensitivity and open-mindedness to acquire knowledge and behaviors of greater understanding to assist the health needs of the social actors of a community (Veliz-Rojas & Bianchetti-Saavedra, 2019).

Also, educational models in the United States, Canada, Australia, New Zealand, and Hong Kong focus on the dialogue between native and foreign cultures, the linguistic preservation of migrants, and the learning outcome of intercultural interaction during pre-professional internships (Pan American Health Organization [PAHO], 2018; Valdez, 2019); They are involved in humanistic, compassionate, and patient-nurse engagement care (De Arco - Canoles, 2018); this methodology is also applied in community settings, where presence, active listening, understanding, and empathy allow them to recognize the subject's situation, understand their fear, anguish or suffering and provide congruent intercultural care (Alvear, et al. 2021).

At the Latin American level, the nursing education process is constantly involved in interactions and socialization in intercultural environments, aimed at integrating knowledge, values, principles, and practical skills in varied and complex health system contexts (Veliz-Rojas & Bianchetti-Saavedra, 2019). Thus, Mexico, Panama, Argentina, Colombia, Peru, Brazil, and Chile, with more undergraduate and graduate education, have been able to respond successfully to the development of expanded roles in the care of human groups belonging to different cultures (Ministry of Health [MINSA], 2015, 2017). In this way, they are heading towards training nurses with the capacity to integrate knowledge and practices from scientific and traditional points of view. (López, 2018; OMS, 2018).

From the intercultural approach, Peru, during the professional training of nurses, poses a challenge to the development of intercultural competencies in health care through curricular renewal processes according to the characteristics of the peoples or communities, in addition to a profile of skills-based competencies (Chávez, 2022). Its foundation is found in the University Law N°30220, where one of the purposes of the university is to preserve, increase and permanently transmit the diverse cultural identities of the country, as well as the principle of tolerance, intercultural dialogue, and inclusion (Ministry of Education [MINEDU], 2014). The College of Nurses of Peru also aims to promote interculturalism in university academic training, seeking to contribute to the strengthening of intercultural competencies to interact in a timely and effective manner within the framework of the implementation of intercultural policies for the continuous improvement of health services (College of Nurses of Peru [CEP], 2017; MINSA, 2019).

Thus, the intercultural approach to health is adapted to the knowledge and practice of traditional healers, who curiously know the extent to which their knowledge and methods are effective and in which cases or circumstances it is prudent to refer their patients to a conventional doctor (Aguilar-Peña, 2020; Santis-Piras, 2019). Hence, interculturality in health is adopted by each culture with a different concept and preserving its own identity to receive quality and optimal health care (Alvear & Cachago, 2021).

Likewise, for the academic training of the nursing professional, models and theories are taken into account for the development of teaching-learning, such as scientific studies conducted by Leininger and his cultural nursing care of diversity and universality, who argues that nursing differs from other disciplines, by the care activities based on culture, knowledge of scientific care and social relationship skills (Fernandes et al., 2018; Pucheu, 2018). Likewise, Campinha-Bacote, in her model of cultural competence, mentions that they are acquired through the availability and skills to develop effective work within the cultural context of a community, family, and individual (Valdez-Fernández, 2017). Finally, Spector and his model of cultural heritage and health traditions assume the importance of tradition in the health of individuals, as well as in the behaviors related to health and disease (Bada, 2021; Olivera, 2019).

The participation of the university, teachers, students, and community allows an organization of joint work to design strategies and teaching methods on cognitive competence and intercultural practice; in this way, to acquire knowledge and skills according to the health demands of populations through scientific and technological evidence (González-Aguilar et al., 2018; Eroza-Solana, 2020). Likewise, it allows the

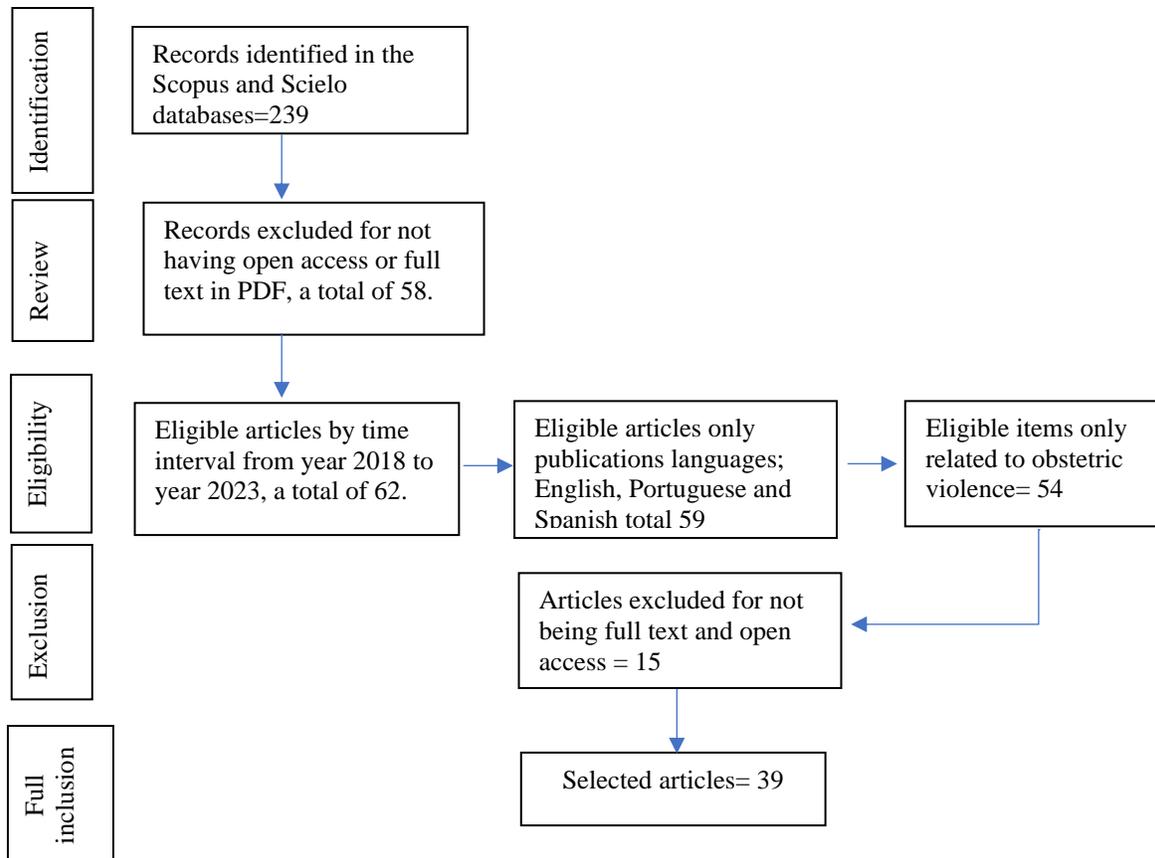
generation of new intercultural knowledge regarding the different means of effective and integrated intercultural care, where the way of thinking, acting. Speaking seeks to develop practical nursing skills and knowledge to create sources of accessibility in health, aiming to promote, restore and maintain the population's health through integrating scientific knowledge with the knowledge of the community (De Arco - Canoles, 2018).

METHODOLOGY

The study was a literature review (Moreno, et al., 2018), using Scielo and Scopus databases, including scientific articles five years old, from 2018 to 2023; the exhaustive exploration was carried out with the central theme “intercultural education in nursing” using the Boolean search engines “OR” and “AND,” considering “intercultural nursing” or “interculturality in health” and “social role of the nurse”; 181 pieces of research were obtained. The following inclusion criteria were used for the search: open access research (n = 123), published in the last five years (n = 62), in Portuguese, English, and Spanish (n = 59), and as an exclusion criterion, the editor's restriction, leaving 39 articles that were finally analyzed in full text. Having all the information collected, we proceeded, according to the general question and the objectives, to review the databases exhaustively; they were categorized according to the evaluation of the titles, abstracts, contents of each document, the data of the pre-selected and selected studies were extracted, to finally analyze and interpret them and present the conclusions of the study.

The visualization of the information in both databases made it possible to present the following figure:

**FIGURE 1
PROCEDURE FOR THE SELECTION OF ARTICLES FROM THE SCOPUS AND SCIELO DATABASES**



RESULTS

TABLE 1
POTENTIATION OF INTERCULTURAL TRAINING IN NURSING PROFESSIONALS.

Author	Country	Methodology	Results
(Schenk et al. 2022)	Germany	Online cross-sectional survey, conducted in 22 hospitals. Participants were 3700 physicians and 9800 nurses. The Short Form Cultural Intelligence Scale (SFCQ) was used	The professional practice of intercultural competence and capacity in patients from customary and traditionalist areas are effective and meaningful during the introspection of the ways of life, conceptions of health and disease, culturally immersed in the individual actors. These practices are part of the organizational characteristics.
(Velasquez-Jimenez et al. 2022)	Colombia	Participatory action research (PAR), structured on three axes: epistemic, reflected action, and the relationship between the subject who knows and the subject to be known. It was developed in four phases: formation of groups, joint training, development of instruments and joint work.	The intercultural educational strategy for self-management and sustainability of an intercultural health care and maintenance program consisted of: Working with state health institutions, recognition of the cultural and linguistic ethnic difference of the area, finally identified the educational methodologies most used by the indigenous women (voice to voice work, use of bilingual primers, use of cell phones and social networks).
(Gil y Incaugarat 2022)	Brazil	Theory	For the understanding of the health-disease-care process in the intercultural approach, the following was presented: scientific health practice/beliefs, diversity management in health care institutions and community, incorporation of anthropological understanding for therapeutic development and health maintenance.
(Hui-Ling et al. 2021)	China	Comparative cross-sectional study. It was applied in three universities and three hospitals. 103 nurses, 321 new graduates, 101 registered nurses and 231 mentors participated.	Experience caring for patients from diverse cultures and countries influenced the cultural competence of all participants; the ability to speak English fluently and receive cultural competence education during nursing education influenced undergraduate and recently graduated nurses. Current job title and primary practice setting influenced registered nurses and nurse mentors.

Author	Country	Methodology	Results
(Gil y Acosta 2021)	Colombia	Mixed methods study, using participatory action research methodology. Eight in-depth interviews were conducted with community leaders, nine focus groups and a semi-structured questionnaire for 547 families (indigenous and Afro).	The elements for the proposal for the construction of an integral management model for each community with an intercultural perspective are: characteristics of the social actors and the design of a primary care route that integrates social actions in community health, with the active participation of the community and personnel with intercultural experience.
(Tuday, 2021)	Ecuador	Qualitative methodology study. This study analyzes 211 postgraduate nursing programs and 55 ICT. They selected postgraduate courses endorsed by the governing body of education.	Most of the postgraduate offerings in intercultural health include elements to promote a dialogue of respect, equity and social justice, in what they considered a paradigm shift. Despite this, the intercultural with digital in elements, are discursive rather than emerging and transversal components for education.
(Yilmaz et al. 2020)	Turquía	Qualitative study. A sample of 98 nurses was evaluated. A questionnaire of sociodemographic characteristics and a Cultural Approach to Nursing Care form and the Intercultural Effectiveness Scale (IES) were used.	The levels of intercultural effectiveness of the nurses, based on their experiences, were considered culturally competent. These characteristics, such as language, knowledge of cultural diversity, attitudes and personalities of each community, are provided to nurses during health service training for effective access to health care interventions.
(Aguilar-Peña et al. 2020)	Colombia	theory	Interculturality as a bridge between Western and indigenous cultures identifies an organized model for health services and nurse training in interculturality. This model is also based on public policies that include training, use of the local indigenous language, food and equipment with traditional elements, respectful dialogue with traditional doctors and humanized care.
(Valdez 2019)	Colombia	theory	In order for nursing professionals to have cultural humility and intercultural attitude, reflective and practical education is required. Thus, a dialogue between knowledge is proposed, which attends to the reflection of other theories, adapted to particular contexts from individuals and training, towards the university, the profession and society, contributing to the vision of simultaneity in nursing.

Author	Country	Methodology	Results
(Wesolowska et al. 2018)	Finland	Cross-sectional study, with a sample of 212 foreign-born nurses and a random sample of 744 native-born nurses. Data were collected through a questionnaire.	From the results, it is inferred that cross-cultural empathy acquired as a hidden curriculum may protect against time pressure, distress, and perceived sleep problems in both native and foreign nurses. Therefore, promotion of this component of intercultural competence is encouraged.
(Manríquez-Hizaut et al. 2018)	Ecuador	Theory	The health programs for indigenous peoples seek to consolidate an intercultural health system that recognizes that medical systems are limited, admitting the existence and validity of other healing systems. Therefore, the programs work based on three axes: equity, intercultural approach to health and indigenous social participation.

Source: Reviewed articles on academic training of nursing professionals from the intercultural perspective in Scopus and Scielo database.

The scientific evidences were mostly of theoretical and qualitative transversal review; whose results concerning the potentiation of the nursing professional's intercultural training, focused on three important aspects: a) cultural competence: acquired by the cultural environment of themselves and during the undergraduate professional training through anthropological theoretical knowledge. However, these competencies are reinforced in the professional experience and practice, allowing the nursing professional to influence and be effective in the care provided to patients from different cultures. b) intercultural management: based on the knowledge of the social actor and encouraging their active participation during the development of the work approach. Regarding nursing care (critical thinking, comprehension, and intercultural sensitivity, contrasting scientific knowledge with traditional knowledge) and health service structure (proposing or designing programs on methods of education in primary health care for the intercultural patient and on public policies of traditional and biomedical care). c) postgraduate studies with the intercultural approach: taking into account the curricular vacuum of application of TCs for health care in culturally diverse patients, the paradigmatic change is proposed for reflexive training based on dialogues of knowledge.

TABLE 2
STRENGTHENING THE SOCIAL ROLE OF THE NURSING PROFESSIONAL.

Author	Country	Methodology	Results
(Tariq et al. 2022)	Norway	Qualitative study. Focus group interviews with a total of 21 nurses. A thematic analysis of the transcribed and translated interviews was performed.	Cross-cultural patient care offers challenges and opportunities to improve cultural competence and cultural sensitivity among nurses. For this, family visits, food preferences, pain expression and gender sensitivity are reinforced. They are interrelated and depend on effective communication during encounters with nurses and the healthcare system in general.
(Chávez 2022)	Perú	Descriptive observational study. The sample was non-probabilistic and consisted of 48 serum providers. The information was obtained through a survey and the data analysis was processed with SPSS 25 statistical software.	Intercultural competencies are not developed in the curricular plans, but knowledge of sociocultural characteristics is obtained according to the reality of the environment where they are academically trained. Thus, these social competencies such as empathy, communication, cooperation, leadership, influence (persuasion) and conflict management, are reinforced and learned in professional practice, helping them to be more intercultural.
(López y López 2022)	Argentina	A bibliographic review was carried out through the application of documentary analysis techniques, in which theoretical methods were used: documentary analysis, historical-logical analysis, systems approach and systematization.	The nurse's intercultural fields of action have expanded, therefore, the role he/she plays is operative, such as: nursing managing, advising and intervening. Therefore, it is analyzed not only in terms of subject, family and community, but also observing the characteristics of the territories and their biodiversity, to ensure integrated care.
(Cedeño et al. 2021)	Colombia	Qualitative study. Semi-structured interview of 6 nurses from different Latin American nations, working with indigenous communities in their respective countries.	Important aspects for intercultural care are inferred: cognitive openness aimed at unraveling human experiences, creating nursing actions with greater autonomy, developing the EAP from cultural competencies. At the academic level, working from interdisciplinarity, sensitizing students to the knowledge of indigenous communities.

Author	Country	Methodology	Results
(Castro 2021)	México	Theory	Interculturality to reinforce the role in nursing is built through approaches such as: aspects (balance and equality for access to the health system and in the socio-historical aspect that accompany the peoples and communities), bipolarity between scientific health care and traditional health care, and the training of professionals (undergraduate and graduate), based on biomedical content.
(Vieira de Melo et al. 2021)	Brazil	Theory	For the fulfillment of the nursing role, the practice of soft and hard technologies is important, since they provide predominant elements in the Health Sciences. In addition, there is the dynamic characteristic of culture; the intercultural dialogue at a pragmatic level; the ethical impulse that incites to go beyond the culture itself and the daily action; and the trust in the unknown.
(Eroza-Solana y Carrasco-Gómez 2020)	México	Theory	As long as the view of a parallel and complementary action between traditional care and nursing care is not socialized and reinforced, there will continue to be prejudices in the interaction with scientific medicine and its representatives. For this reason, the focus is on health care with greater humanism and humility and to open spaces for listening and autonomy so that people can decide their relationship with biomedicine.
(Paulo y Cruz, 2018)	México	Theory	The intercultural approach to health focuses on the training or sensitization of nursing professionals and the respectful dialogue between ancestral cultures and biomedicine, to generate health projects based on access to epidemiological information and/or programs promoted in regions with differential morbidity and mortality; based on the analysis, to promote intervention proposals through the participatory methodology of the indigenous population.

Source: Reviewed articles on academic training of nursing professionals from the intercultural perspective in Scopus and Scielo database.

Most of the studies shown are theoretical and qualitative reviews, which show results regarding the strengthening of the social role of the nursing professional, from a cognitive opening to consolidate autonomous intercultural nursing actions (leadership, elaboration of the Nursing Care Process based on cultural competencies and management of intercultural conflicts in the health-disease process). In the same

way, an operative nursing role is proposed, where it manages, advises, and intervenes not only with the subject, family, and community; it also takes into account territorial and sociocultural biodiversity characteristics to be considered integral attention with the complement of traditional knowledge and practice, without leaving aside the biomedical aspects as part of the bipolarity and equality of access to the health system.

Also, they consider as part of the formation of the social role of the nursing graduate, the multidisciplinary participation (interaction between schools of health sciences) during the professional academic formation, in terms of intercultural cosmovisions of their own and of their area of professional formation and cultural values.

TABLE 3
POSITIVE AND NEGATIVE ASPECTS IN THE DEVELOPMENT OF THE SOCIAL ROLE IN THE NURSING PROFESSIONAL.

Author	Country	Methodology	Results
(Ávila-Dávalos 2022)	Colombia	A critical documentary review was used based on a hermeneutic process of documentary interpretation.	It is emphasized that intercultural higher education for nursing, as a generator of knowledge and values of inclusion and respect for different cultures and their diversities.
(Aktas et al. 2021)	Turkey	Descriptive study with a population of 363 nurses. Data were collected by personal collection forms using the pencil paper technique and the Intercultural Sensitivity Scale (ISS).	According to the scale of intercultural sensitivity in nurses, it was found to be above average, which means that commitment in the health-disease interaction, respect for cultural differences, trust in the interaction, enjoyment and attention during the interaction are important and timely aspects during health care in an intercultural context.
(Bakan y Yildiz 2021)	Turkey	Cross-sectional study. It was carried out in a public hospital. The participants were 105 nurses. The Sociodemographic Characteristics Form and the Intercultural and Religious Sensitivity Scale were used.	A participatory, significant and positive relationship was found between intercultural sensitivity and religious orientation among nurses. The participation of nurses from different cultures and spiritual care through the practice of some religion, proves to be efficient for the care of patients from diverse cultures.
(Orozco-Vargas et al. 2020)	Perú	Non-experimental qualitative study with a simple descriptive approach. The population was 1000 nurses and the sample consisted of 296 master's degree students. The instrument was a questionnaire of intercultural competencies.	It was found that nurses have an open-mindedness of empathy, understanding and involvement in intercultural interaction, which leads them to participate and integrate traditional health-disease activities, without transgressing their customs or detailing the therapeutic forms of cultural healers.

Source: Reviewed articles on academic training of nursing professionals from the intercultural perspective in Scopus and Scielo database.

From the scientific evidence, they showed results on aspects that favor the social role of the nursing professional, with attitudinal characteristics of intercultural health care of adaptation, integration, and participation of traditional healing activities, commitment in the health-disease process, the inclusion of cultural values, and scientific knowledge attached to the traditional ones. In addition, there is evidence of intercultural sensitivity from spiritual care.

These favorable results were carried out without transgressing the customs and traditions practiced by culturally diverse communities during the health-disease care process.

Author	Country	Methodology	Results
(Seminario-Hurtado et al. 2022)	Perú	Mixed study of explanatory scope and sequential explanatory design. The sample consisted of 34 students, 8 teachers and 1 dean.	From the results, it can be inferred that teachers promote the intercultural bilingual teaching methodology, but access to information, geographic limitations and the devaluation of the language of the area do not contribute to its efficient implementation.
(Carrascal – Fuentes 2022)	Colombia	Pragmatic qualitative study of literature review and analysis of experiences in higher education. It considered institutional and community actors involved in the gradual formation of undergraduate students.	Interculturality is adapted and incorporated in health education of ethno-cultural diversity, immersed in hospital scenarios, does not allow to correspond to a transversal point for the balance and development of society, where the dynamic binomial interculturality and health are notions to develop programs and curricular designs aimed at professional training.
(Manríquez-Hizaut et al. 2022)	Chile	Qualitative study of experiences of an Intercultural Health Program in PHC. Nineteen users and 13 workers participated in individual interviews and three group interviews. A semantic content analysis was carried out.	For the participants, the users assimilate it to the concept of interculturality, while the workers point out that, although it is respected, it does not promote integrated work. The participants identify administrative aspects, lack of integration and scientific questions as barriers. There is a need for recognition of indigenous health and greater training of workers in indigenous health and interculturality.
(Torres et al. 2022)	Ecuador	A quantitative-qualitative study with a cross-sectional descriptive design. Surveys, interviews and a focus group were conducted with nursing staff and users of a health center.	Of the intercultural factors that influence the quality of nursing care, 43.48% of the nurses and the population lack knowledge about interculturality, and 65.62% of the users are unaware of the health practices applied in the health center. In addition, it was found that 49.47% of the communication by nursing professionals is not well understood by the users.

Author	Country	Methodology	Results
(Bautista-Valarezo et al. 2021)	Ecuador	Qualitative observational study with phenomenological approach. We worked with 11 focus groups (healers and indigenous people), with a total of 110 in three communities.	The barriers to interculturality in health, from an indigenous perspective, is the unequal acceptance and power of traditional healers and the formal health system due to differences in beliefs regarding the health and illness of the health professional and the healer.
(Badanta et al. 2020)	Spain	Ethnographic study. Field notes and semi-structured interviews were used. A total of 16 indigenous and four non-indigenous people were interviewed.	Cross-cultural communities, due to distance restrictions, misconceptions and ethnic disparities, are far from an appropriate health care system. This group tends to seek traditional medicine, so going to a health professional is considered a last resort. Also, a shortage of material and human resources and intercultural sensitivity is evident in health care facilities.
(Carrasquilla y Pérez 2018)	Colombia	Qualitative study. Combined documentary review, observation and ethnographic interview with 26 people: 12 nurses, 3 social workers, 1 manager of an indigenous health care institution and 10 indigenous people.	The experiences were evidenced from the representations on the care of indigenous patients, generally seen as a difficult situation, due to their pathologies, hygiene and rejection of care actions. Communication was another aspect that marked the experience, due to the difficulty in handling different languages. The strategies and interventions were another determining factor due to the empirical development, far from the theoretical intercultural nursing support.
(Herrera et al. 2018)	Colombia	Qualitative, exploratory and descriptive study through two focus groups and individual interviews with 11 leaders from two communities.	The vast majority of nurses perceive health from different perspectives. These concepts, which are based on beliefs and traditions of the culture, are in favor of the maintenance and conservation of health; however, the concepts derived from the biomedical health system are deteriorated by external factors such as the lack of commitment of the State with the health system in remote populations of the country.

Author	Country	Methodology	Results
(Mendes et al. 2018)	Brazil	Theory	The intercultural initiatives developed have had little impact on health indicators, indigenous social control is still fragile, and discussions in this area show the dissatisfaction of users with the system. Discontinuity in care and the need to establish intercultural dialogues that promote articulation with traditional knowledge challenge the effectiveness of intercultural health care.

Source: Reviewed articles on academic training of nursing professionals from the intercultural perspective in Scopus and Scielo database.

From the scientific evidence, most of them was qualitative studies, which showed in the results, obstacles that affect the social role of the nursing professional as intercultural gaps (language, geographic limitation, limited information, absent dialogue), institutional and professional gaps (administrative processes not integrated to the intercultural health care, lack of biomedical recognition, little intercultural knowledge, absence of trained nurses from the area, unstable labor permanence, lack of intercultural intervention strategies and lack of state commitment to the intercultural health system) and academic faculties (little implementation from an intercultural approach, curricular design not adapted to cultural diversity).

TABLE 4
IMPLEMENTATION OF PRE-PROFESSIONAL INTERCULTURAL NURSING EDUCATION.

Author	Country	Methodology	Results
(Boacik y Rubin-Oliveira 2022)	Brazil	Qualitative study, based on exploratory research and documentary analysis. There were 16 participants in the semi-structured interview.	The results showed that intercultural education in universities should be promoted through the following categories: daily life (university coexistence inside and outside the institution), language (development in writing, oral expression and gestural expressions) and management (formulation of documents designed or constructed as standards, internal and external projects, agreements, which enhance interculturality in higher education).
(Monné y Porté 2022)	Andorra	Cross-sectional study, a module was developed in 20 students from different cultural groups. The work time was 8 months, of which 30 hours were virtual and 20 hours of face-to-face work. The module was developed in 10 face-to-face guided work sessions and 3 tutorials.	It was proposed the creation or improvement of intercultural relationship and interaction environments for the inclusive function, linguistic mediation, the selection of the best-known stories to identify main words and translate them into all languages, and finally the mobility of students and teachers to indigenous communities outside their area for a period of time to reinforce the intercultural skills acquired.

Author	Country	Methodology	Results
(Marques et al. 2022)	Brazil	Theoretical study with reflective approach of the students of the 5th semester of the nursing graduation course. A portfolio was used to report the learning, experiences and reflections that arose during the internship.	From the portfolio diary, the following categories emerged: incorporation of intercultural care in the subjects studied, the experiences of the academic trajectory and the impacts of the care-health-illness process from the point of view of interculturality. It allowed the construction of knowledge, skills and attitudes in intercultural contexts.
(Farías-Canciano et al. 2021)	Chile	Theory	To generate the development of intercultural competence, first, a theoretical model was selected to guide the teaching-learning process of undergraduate students and their teachers, then a definition was constructed for the competence that responds to the graduate profile. Finally, the level of mastery that students should reach at the end of each training cycle was specified.
(Veliz-Rojas y Bianchetti-Saavedra 2021)	Chile	Qualitative study of mixed methodology. Three focus groups were conducted, with 10 participants each, and eight semi-structured interviews. In the quantitative stage, the Intercultural Competence in Health Scale was applied and answered by 130 students of the School of Nursing.	The students have a medium to high development in intercultural cognitive, affective and behavioral skills to establish intercultural communication, and a low development in professional training to link with cultural diversity. The above shows that there are consolidated basal competencies for the complete development of intercultural competence, through eventual systematic formative processes in the context of their academic process.
(Ayala-Asencio 2020)	Perú	Positivist model, with a qualitative approach, applied type, with an experimental-quasi-experimental design. The survey was used and 40 university teachers were considered as a non-probabilistic sample.	A workshop entitled “Communicating” was applied, where the relationship of interaction in personal and collective intercultural aspects was weighed and generated the reflexive development of intercultural competencies on the importance of intercultural recognition as a determining and strategic factor for the recovery of physical, spiritual and psychological health of a person and community environment.

Author	Country	Methodology	Results
(Sil y Soo 1018)	Korea	Descriptive cross-sectional questionnaire-based descriptive study with 236 nursing students from four universities.	The findings of this study suggest that the cultural competence of nursing students was much higher when they had direct contact or direct relationships with people from a different culture, including experiences of living abroad for more than 6 months.

Source: Reviewed articles on academic training of nursing professionals from the intercultural perspective in Scopus and Scielo database.

From the studies shown, it was evidenced in the results that the implementation of pre-professional intercultural training in nursing focuses on coexistence, experiences, and interaction with the environment of the university culture itself during the cognitive and attitudinal development of professional training. These considerations are fundamental to propose norms of intercultural inclusion, linguistic mediation, and the incorporation of theoretical models of nursing as the orientation of the teaching-learning process to support intercultural competencies that respond to the profile of the graduate; likewise, the mobility of students and teachers is encouraged for a semester to other cultural universities for direct relations to acquire cognitive skills from other intercultural environments.

DISCUSSION

It is necessary to remember the role of universities according to the World Conference on Higher Education (WCHE), which should assume social leadership in generating knowledge that responds to the challenges of an intercultural scope and rethink the epistemic foundations of civilization (United Nations Educational, Scientific and Cultural Organization [UNESCO], 2020). This is so that the educational system, as an integral system, responds to cultural diversity to interweave ancestral and modern knowledge and to learn in what it calls the dialogue of knowledge between different rationalities and cultures, which will allow understanding the different realities (Maurial, 2021; Penalva, 2019). Thus, the most relevant findings evidenced in the results on academic training of nursing professionals from the intercultural perspective show the following considerations:

Regarding the **potentiation of intercultural training in the nursing professional**, it is considered that professional academic training requires the construction of a new professional vision in which the care provided breaks with the fragmented and disease-centered biomedical teaching (Gil & Incauragarat, 2022). In addition, interculturality in the university allows the inclusion and incorporation of tolerance among university students as an added value to the study program (Gunther & Cortés, 2019; MINEDU, 2017). Likewise, cultural competencies are an important factor for professional training; they are developed from the systematic reviews of ethnographic material as the basis of their knowledge (Carrasquilla & Pérez, 2018; Maurial, 2021) and are affirmed within the activities of pre-professional practice whose experiences have to do with the fusion of the biomedical model and cultural practices such as traditional medicine; making relevant the formation of new perspectives for the patient and new concepts for the future professional (Maya & Cruz, 2018).

Similarly, **the strengthening of the social role of the nursing professional**, is oriented to the incorporation of new cultural patterns found in each social group (Gerbotto et al., 2019), generating cognitive development and cultural awareness, which will then be expressed in all forms that characterize the nursing graduate, to determine their actions, thinking and practice of care in people immersed in interculturality; also, generate care skills from the different roles assumed in the health system and that affect the quality of life of cultural society, anchored to the experiences of pre-professional practice and the use of theories and models of the discipline (Balado, L., Marina, 2018).

Likewise, the **aspects that favor the development of the social role of the nursing professional** are considered as the ability to solve problems in a timely and efficient manner, taking into account that there

are multiple forms of traditional care and management to access the population (De Arco - Canoles, 2018); under this premise, the implementation of the Nursing Models is taken into account as an influence to execute intercultural care (Maya & Cruz, 2018; Nieves & Benítez, 2021); while, that the **obstacles that affect the development of the social role of the nursing professional**, there are barriers that limit the theoretical-practical development, such as demographic, climatic, socioeconomic factors, lack of knowledge of language and cultural codes, scarce support networks, and lack of initiative or motivation for academic reinforcement (Hernández-Pérez et al., 2020); also, the subjects developed during professional training are taken into account for the adequate development during the social practices that are lived (Fuentes & Arriagada, 2020; Gallard, 2019; Maurial, 2021; Limachi, et al., 2017).

Finally, **the implementation of intercultural training the nursing professional** is shown, which involves learning skills such as empathy, cultural sensitivity, and reflection on their cultural values (Veliz-Rojas & Bianchetti-Saavedra, 2019), through the strengthening of intercultural competencies acquired in practice and the knowledge acquired through professionalization (Carrasquilla & Pérez, 2018; Gil & Acosta, 2021). Another way is to provide graduates with internship options for populations with a broad cultural background (Alvear et al., 2021, since care should not be limited to the knowledge of the person or cultural group; on the contrary, it allows an ethnographic approach favoring the understanding of health-illness situations (Vieira de Melo, et al 2021; Martínez & Fernández, 2012)).

It is necessary to mention that the profile of the nursing profession has the characteristics that the current era imposes on the relationship with users, as well as their understanding, in order to consider cultural diversity as an element that favors nursing care interventions (Veliz-Rojas & Bianchetti-Saavedra, 2019). This will allow the consolidation of a holistic cosmovision of the being by the nurses in their formative period and adequate performance in intercultural scenarios in their future professional practice (Ayala-sencio, 2020; Tubay, 2021); also to develop proposals with a scientific basis, to develop new models of nursing care regarding the care according to the cultural pattern in the different age groups and different ethnic groups (Eroza-Solana & Carrasco-Gomez, 2020; Valdez, 2019; Zabalegui, 2003).

CONCLUSION

From the scientific findings, it is inferred that the professional training of the nursing professional from an intercultural approach depends on the cultural competence and intercultural knowledge of the person, family, and community where health care is provided. However, these are conditions and qualities that are known during professional training and learned through practice, experience, and direct coexistence in the native, Andean, and rural communities themselves, where the nursing graduate exercises the role of executor of health care according to scientific knowledge and strategies of traditional medicine to effectively carry out the health-disease process.

Gaps in accessibility represent the difficulties for the nursing professional in intercultural care to distant areas, lack of knowledge of the different cultures (customs, traditions, ways of life, traditional therapeutic means), accessibility to information, and gaps in intercultural training; which leads to propose and reinforce intervention strategies at the first level of care, exercise public policies in favor of intercultural health needs and involve through active and constant participation of the social actors of the same community.

Thus, the proposal to create and develop postgraduate curricular designs based on nursing care models to unify and universalize concepts such as NANDA, NIC, and NOC; to determine the profile of the graduate from the intercultural and anthropological cosmovision, values, and inclusion in scientific knowledge in harmony with traditional healing knowledge and intercultural sensitivity is reinforced.

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