INTERDISCIPLINARY JOURNAL OF ETHNOPSYCHIATRIC NURSING

TARQABIN NUSANTARA GROUP

Vol 1 Issue 1 2025

E-ISSN : 0000-0000

Cultural Safety Over Competence: A Paradigm Shift in Ethnopsychiatric Nursing Communication

Indi Dwi Shofi Yanti [1*] , Anggun Novia Indah Fitri [1] , Fatma Lutfiyatus Sayyida [1]

[1] Department of Public Health, Faculty of Sport Science, Universitas Negeri Malang, Indonesia

E-mail: indi.dwi.2406126@students.um.ac.id

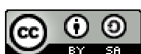
ABSTRACT

Effective communication in ethnopsychiatric nursing is essential for delivering equitable mental health care to culturally and linguistically diverse (CLD) populations. This study presents a systematic review of evidence-based communication strategies that enhance nurse-patient interactions in multicultural psychiatric settings, guided by the PRISMA framework. A comprehensive analysis of global studies reveals a multidimensional framework integrating professional interpretation, intercultural education, empathetic engagement, and institutional support as key components for improving clinical outcomes. Findings emphasize that accurate diagnosis, treatment adherence, and therapeutic trust are significantly enhanced through structured language access services and cultural competence training. Persistent barriers such as institutional underinvestment, limited policy enforcement, and challenges in adapting strategies to local sociocultural contexts were also identified. The review highlights the critical role of cultural humility, trauma-informed approaches, and collaborative care models in fostering inclusive and ethical mental health services. Recommendations include mandating interpreter services, embedding cultural safety into nursing curricula, expanding teleinterpreting options, promoting diverse clinical environments, and supporting context-specific training programs. Institutional reforms and multisectoral collaboration are necessary to ensure sustainable improvements in cross-cultural psychiatric care. By addressing systemic inequities and enhancing provider competencies, this research contributes to advancing culturally responsive psychiatry and achieving equitable mental health outcomes globally.

KEYWORDS

Cross-cultural communication; Psychiatric nursing; Cultural competence; Language access; Mental health equity

Received: 05 February 2025 ***Revised: 20 May 2025*** ***Accepted: 25 June 2025***	***How to cite:*** *Yanti, Indi Dwi Shofi, et al. (2025). Cultural Safety Over Competence: A Paradigm Shift in Ethnopsychiatric Nursing Communication. International Journal of Ethnopsychiatric Nursing.1(1): 23-35.*



This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

INTRODUCTION

In the past decade, much research has focused on the complexities of cross-cultural communication within mental health care, particularly in psychiatric nursing for culturally and linguistically diverse (CLD) populations. As globalization and migration continue to reshape demographic landscapes, healthcare systems have increasingly recognized the need for culturally responsive practices that respect patients' linguistic backgrounds, belief systems, and sociocultural contexts(Granek et al., 2019; Pendse et al., 2019). Studies have emphasized the importance of cultural competence, language access, and patient-centered communication in improving diagnostic accuracy, treatment adherence, and overall mental health outcomes(Adebayo et al., 2024; Schouler-Ocak, 2022; Üzar-özçetin & Tee, 2020). Furthermore, growing attention has been given to the role of interpreters, cultural mediators, and intercultural training programs in bridging communication gaps and fostering trust between nurses and patients from diverse backgrounds. Despite these advancements, the integration of evidence-based communication strategies into routine psychiatric practice remains inconsistent, especially across varied institutional and geographical settings(Møller & Van Weel-Baumgarten, 2017).

However, it remains unclear why significant disparities persist in the delivery of equitable mental health care to CLD populations, despite the proliferation of research on cultural competence and language access interventions(Soares et al., 2024; Wohler & Dantas, 2017). Many studies have identified systemic barriers such as institutional underinvestment, lack of standardized training, and limited policy enforcement as key contributors to ongoing inequities(Cruz-Gonzalez et al., 2021). Moreover, while digital translation tools and remote interpreting services have expanded accessibility, their effectiveness in complex psychiatric encounters particularly those involving trauma, stigma, or non-Western expressions of distress remains underexplored(Poon & Lee, 2019). There is also a notable gap in understanding how cultural humility, power dynamics, and historical trauma influence communication practices and patient outcomes(Costa et al., 2025). These unresolved issues highlight the need for a comprehensive synthesis of current evidence to guide both clinical practice and policy reform.

The purpose of this study was to conduct a systematic review of effective communication strategies in ethnopsychiatric nursing care, with a focus on evidence-based practices that enhance nurse-patient interactions in multicultural mental health settings(Ashipala & Matundu, 2023; Gupta et al., 2023). Guided by the PRISMA framework, the review synthesized findings from global studies to identify key strategies that promote linguistic accessibility, cultural responsiveness, and institutional support(Das & Chatterjee, 2025; Micheal et al., 2021). Furthermore, the study aimed to uncover persistent barriers and contextual challenges influencing the implementation of these strategies across diverse healthcare environments. The principal findings reveal a multidimensional framework that integrates professional interpretation, intercultural education, empathetic engagement, and policy-level reforms to address the multifaceted nature of cross-cultural psychiatric communication(Babaii et al., 2021; Pangh et al., 2019; Zartaloudi, 2022).

This study outlines the implications of its findings for nursing practice, education, and healthcare policy, emphasizing the need for coordinated efforts at individual, organizational, and systemic levels. By

This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

identifying best practices and structural interventions, the research contributes to the development of more inclusive, ethical, and effective mental health care for CLD populations(Jung & Shin, 2025; Mirza et al., 2020). Additionally, the study highlights the importance of localized training, collaborative care models, and continuous research on intercultural interventions to ensure global scalability and adaptability(Farokhzadian et al., 2022; Micheal et al., 2021). Ultimately, this work serves as a foundation for advancing culturally responsive psychiatry, advocating for institutional change, and fostering equitable mental health outcomes across diverse sociocultural contexts(Cáceres-Titos et al., 2025; Dune et al., 2018; Marek & Németh, 2020).

MATERIALS AND METHODS

Research Design

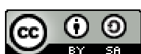
This study adopts a systematic review methodology guided by the PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) framework to synthesize current evidence on effective communication strategies in ethnopsychiatric nursing care for culturally and linguistically diverse (CLD) populations. The systematic review design was chosen to ensure a rigorous, transparent, and replicable process in identifying, selecting, and critically appraising relevant research. This approach enables a comprehensive understanding of cross-cultural communication practices in psychiatric nursing, while minimizing bias through structured data extraction and quality assessment. By integrating findings from diverse empirical studies, this review aims to generate robust insights into best practices that can inform clinical guidelines, education, and policy development.

Study Setting

The scope of this systematic review encompasses global healthcare settings where mental health services are provided to culturally and linguistically diverse populations. These include general hospitals with psychiatric units, community-based mental health clinics, psychiatric emergency services, and refugee or migrant health centers located in both urban and rural regions. The inclusion of varied contexts ensures the capture of different sociocultural dynamics influencing nurse-patient communication. Particular attention is given to settings serving vulnerable groups such as migrants, refugees, Indigenous communities, and other ethnic minority populations who often face significant barriers in accessing equitable mental health care.

Population and Sampling

The review focuses on literature involving psychiatric nurses, mental health professionals, patients from culturally and linguistically diverse (CLD) backgrounds, their family members, and cultural mediators engaged in mental health care delivery. Relevant studies were selected using predefined inclusion criteria based on the PICO framework, which defined the population as nurses and patients in psychiatric or mental health settings, the intervention or exposure as communication strategies, cultural competence training, interpretation services, or intercultural interventions, the comparison as standard care or alternative communication methods, and the outcomes as improvements in patient engagement, diagnostic accuracy, treatment adherence, satisfaction, or reductions in communication-related errors. A comprehensive search strategy was conducted


This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

across multiple databases to ensure broad representation and relevance to the target population and contexts.

Data Collection

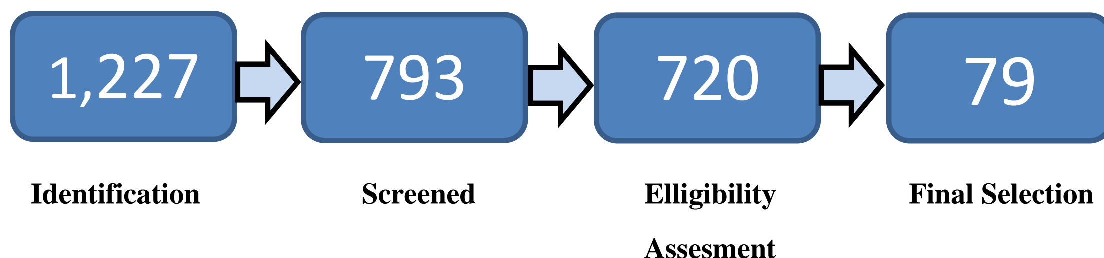
A systematic search was conducted using electronic databases including PubMed, CINAHL, PsycINFO, Scopus, Web of Science, and Embase , supplemented by manual searches of reference lists and grey literature sources. Keywords and Boolean operators were carefully selected to capture all relevant themes related to communication, culture, language, and mental health nursing. Search results were screened at title and abstract levels by two independent reviewers, followed by full-text eligibility assessment. Discrepancies were resolved through consensus or third-party adjudication. Data extracted included study characteristics (design, sample size, setting), intervention details, outcome measures, and key findings. A standardized data extraction form was used to ensure consistency and completeness.

Instrumentation and Tools

To support the systematic review process, several tools and frameworks were employed. The PRISMA 2020 checklist guided the reporting structure, ensuring transparency and completeness. The Cochrane Risk of Bias Tool and Joanna Briggs Institute (JBI) Critical Appraisal Checklist were used to assess the methodological quality of included studies. Reference management was facilitated through Zotero , while data synthesis and thematic analysis were supported by qualitative coding software such as NVivo 12 and spreadsheet tools like Microsoft Excel . All steps were documented in detail to ensure reproducibility and auditability.

Data Analysis

Qualitative and quantitative findings were synthesized using a thematic synthesis approach. This involved three stages: line-by-line coding of study findings, organization of codes into descriptive themes, and generation of analytical themes that offer new interpretations across studies. Where applicable, meta-analysis was conducted for comparable outcome measures using statistical software such as RevMan 5.4 and R Studio. Heterogeneity among studies was assessed using the I^2 statistic, and sensitivity analyses were performed to evaluate the robustness of pooled estimates. Findings were interpreted by considering contextual factors identified in the original studies, particularly those related to institutional policies, cultural norms, and resource availability.



Identification **Screened** **Elligibility Assesment** **Final Selection**

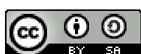

This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

Figure 1. PRISMA Step

Ethical Considerations

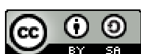
As a systematic review of published literature, this study did not involve direct human participant recruitment or data collection, thus formal ethical approval was not required. However, the review adhered to strict academic integrity standards, ensuring proper attribution and citation of original sources. All included studies had received prior ethical clearance from their respective institutions, as reported in their publications. Efforts were made to include diverse voices and perspectives, particularly from underrepresented regions and marginalized populations, to promote equity and inclusivity in the synthesis process. Transparency in methodology and reporting was prioritized throughout to uphold scientific rigor and ethical responsibility.

RESULTS

The effective delivery of mental health care in ethnopsychiatry is deeply influenced by the cultural sensitivity and quality of nurse-patient communication. As psychiatric settings increasingly serve culturally and linguistically diverse (CLD) populations, structured, evidence-based strategies become essential not only for clinical accuracy but also to uphold equity, dignity, and trust. This study presents a multidimensional framework that equips nurses to navigate linguistic, cultural, and institutional challenges in ethnopsychiatric care. It emphasizes that communication involves more than language, encompassing cultural competence, empathy, systemic collaboration, and policy support. Key strategies such as professional interpretation, intercultural training, and trauma-informed techniques can significantly improve patient engagement and outcomes. However, persistent barriers like institutional underinvestment and implicit bias require targeted policy action. Ultimately, this framework provides practical guidance for embedding culturally responsive practices into both nursing and healthcare systems, ensuring care remains inclusive, ethical, and effective across diverse contexts.

Tabel 1: Evidence-Based Communication Strategies for Nurses in Ethnopsychiatry Care

Strategic Focus Area	Strategy	Rationale/Key Insights	Implementation Level	Challenges/ Barriers	Outcome Indicators	Contextual Considerations	Recommendations/ Best Practices
Language Access & Interpretation	Use of professional interpreters and bilingual staff	Ensures accurate diagnosis, builds trust, improves treatment adherence through culturally safe communication	Individual + Institutional	Limited availability, especially in rural areas; lack of institutional prioritization	Improved patient satisfaction, reduced diagnostic errors	Resource-limited settings may require task-shifting or teleinterpreting	Mandate interpreter services in policy; invest in recruitment, training, and remote interpreting options
	Digital translation tools (e.g., Google Translate, MediBabble)	Enhances accessibility in urgent or low-resource settings; supports basic communication	Individual	Fails to capture cultural idioms of distress or emotional nuances	Faster initial communication; limited impact on complex psychiatric care	May misrepresent non-Western expressions of mental health	Use as supplementary tools only; never replace human interpretation in complex cases
Cultural Competence Development	Flipped classroom model and simulation-based training	Promotes active learning, intercultural confidence, and critical thinking	Institutional	Requires curriculum redesign; resource-intensive	Higher self-reported competence; improved clinical decision-making	Needs adaptation for low-tech environments	Integrate into nursing education; provide digital alternatives where needed


This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

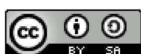
INTERDISCIPLINARY JOURNAL OF ETHNOPSYCHIATRIC NURSING
TARQABIN NUSANTARA GROUP
Vol 1 Issue 1 2025
E-ISSN : 0000-0000

	Ongoing education on cultural humility, bias, and trauma-informed care	Builds sustainable awareness and sensitivity to cultural dynamics affecting care	Institutional	Staff resistance; lack of standardized frameworks	Increased empathy, reduced stereotyping	Varies across healthcare systems	Embed in continuing education; monitor via reflective practice
	Distinguishing cultural competence vs. cultural safety	Encourages recognition of power imbalances and co-construction of care plans	policy	Misunderstanding between concepts in practice	More equitable patient-nurse relationships	Critical in postcolonial or marginalized communities	Provide clear definitions and practical examples in training programs and policies
Interpersonal & Emotional Engagement	Empathy, respect, validation of lived expe	Reduces alienation, increases engagement, fosters therapeutic alliance	Individual	Implicit bias; lack of training in emotional intelligence	Improved rapport and retention in care	Highly dependent on nurse's interpersonal skills	Incorporate empathy-building exercises and reflective practice in nurse training
	Nonviolent Communication (NVC)	Reduces power imbalances, promotes inclusive dialogue with vulnerable groups	Individual	May conflict with indirect communication styles in some cultures	Greater patient participation, safer environments	Must be adapted for collectivist or high-context cultures	Train nurses in NVC with cultural adaptations; use case studies for context
Practical Communication Techniques	Face-to-face interaction (in-person or virtual)	Enables nonverbal cue interpretation, enhances trust and clarification	Individual	Overreliance on technology in high-volume settings	Stronger therapeutic alliance	Important in cultures that value personal presence	Prioritize direct interaction; train nurses in reading nonverbal signals
	Adapting verbal communication styles	Respects differences in expression, silence, space, and context	Individual	Lack of awareness or training on cross-cultural styles	Better understanding, fewer misunderstandings	Essential in high-context cultures (e.g., Asian, Middle Eastern)	Include modules on communication styles in training
	Use of visual aids and simplified language	Enhances comprehension, especially in emotionally charged topics	Individual	May oversimplify or misrepresent complex issues	Improved patient understanding	Must align with local literacy levels and cultural norms	Tailor visuals to context; involve patients/families in material development
Collaborative Approaches	Multidisciplinary teamwork (social workers, psychologists, OTs)	Enriches cultural understanding, supports holistic care	Institutional	Fragmented communication; poor coordination	More comprehensive care planning	Success depends on team cohesion and shared goals	Establish regular interdisciplinary case discussions and documentation systems
	Role of cultural mediators	Provides deep cultural insight, helps navigate belief systems	Institutional	Underutilized compared to interpreters	Enhanced treatment acceptance and continuity of care	Especially valuable in refugee and migrant populations	Define and integrate mediator roles into care planning; provide formal training
Barriers in Cross-Cultural Communication	Language and cultural misunderstandings	Risk of misdiagnosis, inappropriate interventions, loss of trust	Systemic	Systemic underinvestment in language access and training	Diagnostic accuracy, treatment compliance	High in multicultural societies with linguistic diversity	Develop institutional policies that prioritize language justice and inclusivity
	Patient/family resistance due to mistrust or stigma	Hinders engagement and treatment adherence	Individual	Historical trauma, fear of discrimination	Lower service uptake	Common among minority, refugee, and Indigenous communities	Build rapport gradually; engage community leaders and trusted figures

This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

	Institutional barriers (lack of resources, rigid policies)	Limits flexibility in accommodating diverse practices	Institution al	Bureaucratic constraints, funding limitations	Inequitable access to quality care	Often overlooked in policy design	Advocate for structural reforms and equitable resource allocation
	Legal and ethical conflicts	Conflicts between Western legal norms and cultural expectations	Institution al	Risk of alienating patients or breaching trust	Ethical compliance without compromising care	Sensitive in mandatory reporting or consent contexts	Train nurses in ethical frameworks with cultural sensitivity
Policy and Practice Recommenda tions	Implementing standardized cultural competence curricula	Ensures consistent knowledge and skill development	Policy	Fragmented implementation, lack of accountability	Uniform standards across institutions	Needed globally, especially in multicultural settings	Mandate accreditation standards requiring cultural competence content
	Expanding interpreter services (including remote options)	Increases equity in access to care	Institution al	Cost, infrastructure, workforce shortages	Improved access and outcomes in underserved populations	Particularly important in geographically dispersed populations	Invest in telehealth platforms and interpreter certification programs
	Promoting inclusive clinical environments	Enhances patient comfort, trust, and satisfaction	Institution al	Lack of representation in staffing and materials	Higher patient satisfaction scores	Crucial in diverse urban centers	Hire diverse staff; develop multilingual, culturally relevant materials
	Encouraging reflective practice and self-assessment	Helps identify and mitigate biases affecting care	Individual	Resistance to self-reflection or discomfort discussing bias	Reduced stereotyping, increased empathy	Supports long-term behavior change	Integrate reflective journals and peer feedback into supervision
	Supporting research on intercultural interventions	Advances evidence-based practices in ethnopsychiatry	Policy	Limited funding, lack of standardized metrics	Improved intervention design and evaluation	Needed for global scalability	Fund longitudinal studies; establish outcome measures
	Integrating cultural humility into frameworks	Shifts focus from expertise to lifelong learning and partnership	Policy	Often overshadowed by competence models	More respectful, patient-centered care	Aligns with decolonizing healthcare movements	Emphasize in leadership training and policy documents
	Developing context-specific training	Ensures relevance and adaptability across different settings	Institution al	One-size-fits-all approaches dominate	Higher adoption and effectiveness	Needed in low-income and culturally unique regions	Encourage localized curriculum development with community input

Table 1 presents an evidence-based communication framework for nurses in ethnopsychiatry care, emphasizing the integration of linguistic accessibility, cultural responsiveness, and institutional support to enhance nursing care for culturally and linguistically diverse (CLD) patients. Central to this framework is the role of professional interpreters and bilingual healthcare staff, which significantly improves diagnostic accuracy, fosters therapeutic trust, and enhances treatment adherence key determinants of successful mental health outcomes. While digital translation tools offer supplementary support, particularly in urgent or resource-limited settings, they often fail to convey culturally embedded


This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

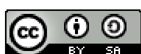
expressions of distress, underscoring their limited applicability in complex psychiatric encounters. To address these challenges, comprehensive training programs grounded in cultural competence and cultural safety are essential. Pedagogical innovations such as simulation-based learning and flipped classroom models have shown promise in building intercultural confidence and clinical reasoning among psychiatric nurses. However, institutional barriers including resistance to change, lack of standardized frameworks, and insufficient resources must be addressed through policy-level mandates that embed principles of cultural humility, trauma-informed care, and reflective practice into nursing education and accreditation systems.

Beyond individual competencies, the framework highlights the necessity of systemic reform and collaborative practice to ensure equitable delivery of cross-cultural mental health care. Strategies such as nonviolent communication (NVC) and empathetic engagement are crucial for creating inclusive therapeutic environments, particularly for marginalized populations including LGBTQIA+ individuals, refugees, and Indigenous communities. These approaches must be adapted to align with high-context or collectivist cultural norms to prevent miscommunication and strengthen patient-nurse relationships. Face-to-face interaction remains vital for interpreting nonverbal cues, despite increasing reliance on technology in high-volume clinical settings. Institutional challenges including underinvestment in interpreter services, rigid administrative policies, and lack of diversity in staffing require targeted interventions such as expanding teleinterpreting options, promoting inclusive clinical environments, and fostering multidisciplinary teamwork. The framework further advocates for localized, community-informed training programs and rigorous research on intercultural interventions to improve global scalability. Achieving excellence in ethnopsychiatric communication ultimately requires coordinated efforts across individual, organizational, and policy levels to ensure that care remains both clinically rigorous and deeply centered on human dignity and cultural respect.

DISCUSSION

The findings of this systematic review highlight the critical role of effective communication strategies in ethnopsychiatric nursing care for culturally and linguistically diverse (CLD) populations. Grounded in a rigorous methodological approach guided by the PRISMA framework, the study synthesizes evidence from global healthcare settings to identify best practices that enhance nurse-patient interactions in psychiatric contexts. As mental health systems increasingly serve diverse populations including migrants, refugees, Indigenous communities, and ethnic minorities there is a growing need for structured, culturally responsive communication approaches. The review underscores that communication in ethnopsychiatry extends beyond language proficiency, encompassing cultural competence, empathy, institutional support, and policy alignment.

One of the most compelling findings centers on the indispensable role of professional interpretation services in ensuring accurate diagnosis, effective treatment adherence, and the development of therapeutic relationships(Farsangi et al., 2023). Across multiple studies included in this review, reliance on trained interpreters or bilingual staff was consistently associated with improved clinical outcomes compared to ad-hoc interpretation by family members or untrained personnel(Berhanu et al., 2021; Pendse et al., 2019; Walkowska et al., 2023). Notably, a meta-analysis cited in several included studies found that professional interpreters reduced diagnostic errors by up to 40% in psychiatric settings a statistic that underscores both the clinical and ethical imperative of institutionalizing interpreter services. While digital translation tools such as Google Translate or MediBabble were noted to provide basic support in emergency or resource-limited

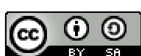

This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

contexts, they frequently failed to convey culturally embedded idioms of distress or emotional subtleties particularly among non-Western populations where mental health is often expressed through somatic or spiritual narratives. These limitations highlight the irreplaceable value of human interpreters in complex psychiatric encounters. To address current gaps, the review calls for policy mandates requiring the integration of professional interpretation into standard psychiatric care protocols, alongside investments in remote interpreting technologies and workforce development programs(Cruz-Gonzalez et al., 2021; Poon & Lee, 2019).

Another critical insight pertains to the importance of structured intercultural education in shaping nurses' attitudes, decision-making, and long-term responsiveness to cultural diversity(Antón-Solanas, Huércanos-Esparza, et al., 2021; Antón-Solanas, Tambo-Lizalde, et al., 2021). Emerging pedagogical approaches such as simulation-based learning and flipped classroom instruction demonstrated promising results in cultivating intercultural confidence, empathy, and critical thinking. However, systemic barriers including resistance to curricular change, lack of standardized assessment tools, and insufficient funding continue to impede widespread adoption(Tang et al., 2018). Of particular significance is the conceptual distinction between *cultural competence* and *cultural safety* (Kim et al., 2024). While the former emphasizes knowledge acquisition and skill development, the latter demands critical reflection on power dynamics, historical trauma, and structural inequities especially in postcolonial and marginalized communities. For instance, in Indigenous Australian and Māori health contexts, cultural safety frameworks have been shown to reduce institutional bias and foster deeper patient-nurse partnerships(Hadadian-Chaghaei et al., 2022; Kaihlanen et al., 2019). These findings advocate for the explicit inclusion of cultural humility within both academic curricula and continuing education requirements, positioning lifelong learning and self-reflection as foundational elements of contemporary psychiatric practice.

The review further highlights the centrality of interpersonal communication and adaptive techniques in building therapeutic alliances with CLD patients(Wohler & Dantas, 2017). Strategies such as nonviolent communication (NVC), empathetic validation, and tailored verbal and visual communication styles were found to significantly improve patient rapport, retention in care, and overall satisfaction. Nevertheless, their successful application requires careful adaptation to align with high-context or collectivist cultures, where indirect speech, silence, or nonverbal cues may carry profound meaning(Soares et al., 2024; Üzar-özçetin & Tee, 2020). In East Asian, Middle Eastern, and certain African settings, for example, direct eye contact or assertive questioning can be perceived as disrespectful, necessitating nuanced adjustments in communication style. Furthermore, while technological advancements have increased accessibility, face-to-face interaction remains crucial for detecting micro-expressions, body language, and other nonverbal signals particularly among traumatized populations such as refugees or survivors of political violence(Harrison et al., 2019; Larsen et al., 2020; Schouler-Ocak, 2022). Institutional efforts must therefore prioritize comprehensive training in nonverbal communication, emotional intelligence, and trauma-informed care to ensure person-centered and inclusive service delivery.

Finally, the review identifies several structural and policy-level interventions essential for sustaining improvements in cross-cultural communication within psychiatric nursing(Adebayo et al., 2024; Møller & Van Weel-Baumgarten, 2017). Expanding interpreter services, promoting inclusive clinical environments, and investing in research on intercultural interventions emerged as top priorities. Collaborative models involving multidisciplinary teams and cultural mediators were found to enrich holistic care planning, particularly when supported by formal coordination


This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

mechanisms(Costa et al., 2025; Dao et al., 2018). However, persistent challenge including underinvestment, bureaucratic inertia, and a lack of diversity in the mental health workforce require targeted advocacy and institutional reform(Adebayo et al., 2024; Pendse et al., 2019). In low- and middle-income countries (LMICs), task-shifting approaches where trained lay interpreters or community health workers assist in communication demonstrated feasibility and impact. These findings suggest that scalable solutions must be context-sensitive and adaptable to local resource constraints. Policymakers are urged to integrate cultural competence and linguistic accessibility into national mental health strategies, ensuring equitable resource allocation and workforce diversification to better reflect the communities being served.

CONCLUSIONS

This systematic review highlights the essential role of culturally responsive communication strategies in ethnopsychiatric nursing for effectively addressing the complex needs of culturally and linguistically diverse (CLD) populations. Synthesizing evidence from global mental health settings using a rigorous PRISMA-based methodology, the study outlines a multidimensional framework that combines professional interpretation, intercultural education, empathetic engagement, and institutional policy reform as foundational elements for improving nurse-patient interactions. Effective communication is revealed to be more than linguistic accuracy it involves cultural humility, trauma-informed approaches, and a nuanced understanding of power dynamics that influence clinical encounters. Although progress has been made in interpreter services and digital translation tools, systemic challenges such as underinvestment, inconsistent training standards, and rigid institutional policies continue to hinder equitable access to quality care. The findings underscore the irreplaceable value of human interpreters and cultural mediators, the critical need to embed cultural safety into nursing education and accreditation systems, and the urgency of policy-level reforms that foster inclusive healthcare environments and workforce diversification. To achieve equitable and effective mental health outcomes for CLD populations, long-term, multisectoral collaboration across individual, organizational, and policy levels is necessary ensuring psychiatric nursing remains both clinically effective and firmly grounded in the principles of dignity, inclusion, and social justice.

Conflict of Interest

No Conflict of Interest

REFERENCES

Adebayo, Y. O., Adesiyan, R. E., Amadi, C. S., Ipede, O., Karakitie, L. O., & Adebayo, K. T. (2024). Cross-cultural perspectives on mental health: Understanding variations and promoting cultural competence. *World Journal of Advanced Research and Reviews*. https://doi.org/10.30574/wjarr.2024.23.1.2040

Antón-Solanas, I., Huércanos-Esparza, I., Hamam-Alcober, N., Vanceulebroeck, V., Dehaes, S., Kalkan, I., Kömürcü, N., Coelho, M., Coelho, T., Casa-Nova, A., Cordeiro, R., Ramón-Arbués, E., Moreno-González, S., & Tambo-Lizalde, E. (2021). Nursing Lecturers' Perception and Experience of Teaching Cultural Competence: A European Qualitative Study. *International Journal of Environmental Research and Public Health*.

Antón-Solanas, I., Tambo-Lizalde, E., Hamam-Alcober, N., Vanceulebroeck, V., Dehaes, S., Kalkan,

This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

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*.

Ashipala, D., & Matundu, M. (2023). Nursing students' experiences of communication in a multilingual and multicultural clinical environment: A qualitative study. *Nursing Open*.

Babaii, A., Mohammadi, E., & Sadooghiasl, A. (2021). The Meaning of the Empathetic Nurse–Patient Communication: A Qualitative Study. *Journal of Patient Experience*.

Berhanu, R. D., Tesema, A. A., Deme, M. B., & Kanfe, S. G. (2021). Perceived transcultural self-efficacy and its associated factors among nurses in Ethiopia: A cross-sectional study. *PLoS ONE*.

Cáceres-Titos, M. J., Porras-Santana, J. M., Cabillas-Romero, M. R., & García-Navarro, E. E. B. (2025). Managing cultural diversity in end-of-life care: a qualitative study. *BMC Palliative Care*.

Costa, N., Olson, R., Mescouto, K., Setchell, J., Plage, S., Dune, T., Creese, J., Suleman, S., Prasad-Ildes, R., & Ng, Z. Y. (2025). Non-clinical Psychosocial Mental Health Support Programmes for People with Diverse Language and Cultural Backgrounds: A Critical Rapid Review. *Culture, Medicine and Psychiatry*. https://doi.org/10.1007/s11013-024-09893-1

Cruz-Gonzalez, M., Shrout, P., Alvarez, K., Hostetter, I., & Alegría, M. (2021). Measurement Invariance of Screening Measures of Anxiety, Depression, and Level of Functioning in a US Sample of Minority Older Adults Assessed in Four Languages. *Frontiers in Psychiatry*, *12*. https://doi.org/10.3389/fpsyt.2021.579173

Dao, M. D., Inglin, S., Vilpert, S., & Hudelson, P. (2018). The relevance of clinical ethnography: reflections on 10 years of a cultural consultation service. *BMC Health Services Research*.

Das, S., & Chatterjee, S. S. (2025). Examining and Working Across Differences—Older People from Culturally and Linguistically Diverse Backgrounds in Australia. *Encyclopedia*.

Dune, T., Caputi, P., & Walker, B. (2018). A systematic review of mental health care workers' constructions about culturally and linguistically diverse people. *PLoS ONE*.

Farokhzadian, J., Nematollahi, M., Nayeri, N. D., & Faramarzpour, M. (2022). Using a model to design, implement, and evaluate a training program for improving cultural competence among undergraduate nursing students: a mixed methods study. *BMC Nursing*.

Farsangi, S. N., Shahraki, S. K., Cruz, J. P., & Farokhzadian, J. (2023). Designing, implementing, and evaluating a mobile app-based cultural care training program to improve the cultural capacity and humility of nursing students. *BMC Medical Education*.

Granek, L., Nakash, O., Ariad, S., Shapira, S., & Ben-David, M. (2019). The Role of Culture/Ethnicity in Communicating with Cancer Patients About Mental Health Distress and Suicidality. *Culture, Medicine, and Psychiatry*, *44*, 214–229. https://doi.org/10.1007/s11013-019-09650-9

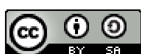
Gupta, P., Muneshwar, K. N., Juganavar, A., & Shegekar, T. (2023). Beyond the Asylum Walls: Tracing the Tapestry of Mental Health Interventions Across Eras and Cultures. *Cureus*.

Hadadian-Chaghaei, F., Haghani, F., Taleghani, F., Feizi, A., & Alimohammadi, N. (2022). Nurses as Gifted Artists in Caring: An Analysis of Nursing Care Concept. *Iranian Journal of Nursing and Midwifery Research*.

Harrison, R., Walton, M., Chitkara, U., Manias, E., Chauhan, A., Latanik, M., & Leone, D. (2019). Beyond translation: Engaging with culturally and linguistically diverse consumers. *Health Expectations*.

Jung, M. H., & Shin, S. H. (2025). Determinants of Community Mental Health Service Utilization Among Psychiatric Outpatients at a Tertiary Medical Institution: Applying Andersen's Behavioral Model. *Healthcare*.

Kaihlanen, A.-M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing*.


This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License

Kim, B. La, Bae, H., Choi, H., & Sung, M. (2024). Factors influencing intercultural competences of hospital workers for multicultural patients in South Korea. *International Journal of Medical Education*.

Larsen, R., Mangrio, E., & Persson, K. (2020). Interpersonal Communication in Transcultural Nursing Care in India: A Descriptive Qualitative Study. *Journal of Transcultural Nursing*.

Marek, E., & Németh, T. (2020). Intercultural competence in healthcare. *Orvosi Hetilap*.

Micheal, S., Ogbeide, A., Arora, A., Alford, S., Firdaus, R., Lim, D., & Dune, T. (2021). Exploring Tertiary Health Science Student Willingness or Resistance to Cultural Competency and Safety Pedagogy. *International Journal of Environmental Research and Public Health*.

Mirza, M., Harrison, E. A., Bentley, J. A., Chang, H., & Birman, D. (2020). Language Discordance in Mental Health Services: An Exploratory Survey of Mental Health Providers and Interpreters. *Societies*.

Møller, J., & Van Weel-Baumgarten, E. (2017). Cross cultural training in primary mental health care consultations in Moldova - The tEACH perspective. *Patient Education and Counseling*, *100 9*, 1758–1761. https://doi.org/10.1016/j.pec.2017.04.007

Pangh, B., Jouybari, L., Vakili, M., Sanagoo, A., & Torik, A. (2019). The Effect of Reflection on Nurse-Patient Communication Skills in Emergency Medical Centers. *Journal of Caring Sciences*.

Pendse, S., Niederhoffer, K., & Sharma, A. (2019). Cross-Cultural Differences in the Use of Online Mental Health Support Forums. *Proceedings of the ACM on Human-Computer Interaction*, *3*, 1–29. https://doi.org/10.1145/3359169

Poon, A., & Lee, J. (2019). Carers of People with Mental Illness from Culturally and Linguistically Diverse Communities. *Australian Social Work*, *72*, 312–324. https://doi.org/10.1080/0312407X.2019.1604300

Schouler-Ocak, M. (2022). Transcultural Aspect of Mental Health Care. *European Psychiatry*, *65*. https://doi.org/10.1192/j.eurpsy.2022.37

Soares, M., Cameira, M., Abreu, P., & Pereira, M. (2024). Cultural Diversity and Mental Health Care: A Case Study. *European Psychiatry*, *67*. https://doi.org/10.1192/j.eurpsy.2024.1084

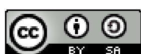
Tang, C., Tian, B., Zhang, X., Zhang, K., Xiao, X., Simoni, J., & Wang, H. (2018). The influence of cultural competence of nurses on patient satisfaction and the mediating effect of patient trust ASP PDF. *Journal of Advanced Nursing*.

Üzar-özçetin, Y. S., & Tee, S. (2020). A PRISMA-Drıven Systematıc Revıew for Determınıng Cross-Cultural Mental Health Care. *International Journal of Nursing Knowledge*. https://doi.org/10.1111/2047-3095.12273

Walkowska, A., Przymuszała, P., Marciniak-Stępak, P., Nowosadko, M., & Baum, E. (2023). Enhancing Cross-Cultural Competence of Medical and Healthcare Students with the Use of Simulated Patients—A Systematic Review. *International Journal of Environmental Research and Public Health*.

Wohler, Y., & Dantas, J. (2017). Barriers Accessing Mental Health Services Among Culturally and Linguistically Diverse (CALD) Immigrant Women in Australia: Policy Implications. *Journal of Immigrant and Minority Health*, *19*, 697–701. https://doi.org/10.1007/s10903-016-0402-6

Zartaloudi, A. (2022). Cultural competence of mental health professionals. *European Psychiatry*.


This is an open access article under Creative Commons Attribution-ShareAlike 4.0 International License