

Research Article

The Role of Cultural Competency in Clinical Instruction: A Study in Omani Nursing Colleges

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ABSTRACT

In culturally diverse regions like Oman, clinical nursing education must evolve to include more structured training in cultural competency. As the population becomes increasingly heterogeneous and culturally complex, there is a growing need for nursing students to develop the skills necessary to provide patient-centered care that honours religious, social, and cultural beliefs. This article examines the intersection of cultural competency and clinical instruction in Omani nursing colleges, emphasizing the role of the clinical instructor in guiding students through real-life care scenarios where cultural misunderstandings can impact patient safety and trust. It outlines a qualitative research design to study this topic, presents potential barriers faced by educators, and recommends actionable strategies for integrating cultural awareness into nursing pedagogy. The article serves as both a foundation for academic inquiry and a practical guide for improving nursing education practices in the Gulf region.

Keywords: Cultural Competency, Clinical Nursing Education, Nursing Students, Clinical Instruction, Patient-Centered Care

Introduction

Nursing, by nature, is a holistic and humanistic discipline. It extends beyond physical healing to include emotional, ethical, and cultural understanding. Nowhere is this more crucial than in Oman, where healthcare providers regularly serve patients from a mix of Arab, South Asian, and African backgrounds. In such a setting, clinical nursing students must be equipped not only with clinical skills but also with the cultural awareness necessary to offer truly patient-centred care.

Clinical instructors in nursing colleges act as the primary bridge between theory and practice. Their teaching is not limited to medical procedures; it encompasses communication, empathy, ethical decision-making, and cultural responsiveness. Yet, in many Omani nursing institutions,

cultural competency is either informally addressed or entirely overlooked during clinical rotations. This gap in education poses serious risks—not only to learning outcomes but also to the quality and safety of healthcare delivery.

Literature Review

Research worldwide confirms that cultural competence among healthcare providers leads to improved patient outcomes, reduced health disparities, and increased patient satisfaction (Jeffreys, 2020). In the Middle Eastern context, cultural norms around gender roles, modesty, family involvement, and religious practices create unique challenges in clinical education.

Al Harthi, Al Shukri, and Al Abri (2021) found that many Omani nursing instructors rely on personal intuition rather than structured frameworks to address cultural concerns.

Their study emphasised that while instructors were aware of cultural issues, there was a lack of formal training or institutional support to effectively teach these concepts.

Further, Al-Riyami and Al-Shukri (2022) explored the cultural sensitivity of nurses in Oman and discovered that while awareness was high, confidence in applying culturally sensitive practices was often low. This gap between knowledge and practice suggests the need for a more deliberate approach to integrating cultural education into the clinical training process.

International models, such as Campinha-Bacote's cultural competence framework, have been adapted successfully in various countries (Campinha-Bacote, 2019). However, these models must be contextualised to address the nuances of Islamic values, tribal customs, and family-centric decision-making found in Omani society.

Research Questions

To explore this issue further, the proposed research will be guided by the following questions:

1. How do clinical instructors in Oman currently address cultural differences during clinical teaching?
2. What challenges do instructors and students face when teaching and learning cultural competency?
3. What strategies and tools could enhance the cultural competence of nursing students during clinical rotations?

Methodology

A qualitative exploratory design is proposed to capture the real-world experiences of both clinical instructors and final-year nursing students.

Participants

Participants will include:

- 10–15 clinical instructors from public and private nursing colleges in Oman.
- 15–20 final-year nursing students who have completed at least two full clinical placements.

Purposive sampling will be used to ensure the selection of individuals who are most likely to provide rich, relevant insights.

Data Collection

- Semi-structured interviews with instructors will explore their strategies, challenges, and support needs.
- Focus groups with students will assess how well they feel prepared to navigate cultural issues in clinical practice.
- Ethical approval will be sought from the University of Buraimi's Research Ethics Committee.

Data Analysis

Data will be analysed using thematic analysis, allowing for identification of patterns and unique cultural teaching dynamics. NVivo software may be used for efficient coding and categorisation.

Discussion

This study aims to explore the integration of cultural competency into clinical instruction within Omani nursing colleges. The discussion is structured around the three proposed research questions, providing an in-depth analysis of anticipated findings, supported by regional literature and practical implications for nurse educators.

RQ1: How do clinical instructors in Oman currently address cultural differences during clinical teaching?

Preliminary findings and literature suggest that the current approach to teaching cultural competency in Oman is informal and inconsistent. Clinical instructors often rely on personal experiences, intuition, and ad hoc strategies rather than structured pedagogical frameworks (Al Harthi et al., 2021). Some instructors may touch on cultural topics during case discussions or post-clinical debriefs, but these interactions are generally not guided by standardised tools or institutional expectations.

This lack of structure leads to variability in how students are exposed to cultural scenarios. One instructor might emphasise gender sensitivity and respectful communication in end-of-life care, while another might focus more on family dynamics and consent in paediatric wards. Without a formal curriculum that embeds cultural learning outcomes, students receive a fragmented understanding of cultural issues, shaped by their instructor's preferences and comfort level.

RQ2: What challenges do instructors and students face when teaching and learning cultural competency?

Clinical instructors in Oman encounter several key challenges when attempting to teach cultural competency effectively. First, there is the issue of lack of formal training. Most nurse educators have not received specific instruction on how to teach cultural awareness or how to manage cultural conflict in clinical environments. As a result, they may feel underprepared or hesitant to address complex cultural scenarios in front of students, especially when religious or social norms are involved (Al-Riyami & Al-Shukri, 2022).

Second, instructors may fear offending students or patients by addressing sensitive cultural topics. Without clear institutional support or guidelines, instructors might avoid these conversations entirely, which leads to missed learning opportunities.

From the student perspective, cultural discomfort often arises when engaging with patients whose values differ from their own. They may experience confusion in scenarios involving gender boundaries, religious customs, or family-centred decision-making. Language barriers are also common, especially in hospitals with multilingual patient populations.

RQ3: What strategies and tools could enhance the cultural competence of nursing students during clinical rotations?

To address these challenges and improve cultural instruction, several strategies are proposed:

- Faculty development workshops for instructors focused on teaching cultural sensitivity.
- Culturally relevant simulation exercises featuring realistic scenarios tied to local customs.
- Structured reflective journals and debriefing sessions that promote self-awareness and discussion.
- Use of validated assessment tools like the IAPCC to measure progress.
- Peer mentoring and support programmes to encourage shared learning experiences.
- Institutional policy reform to embed cultural competence into curriculum outcomes and instructor expectations.

As Oman's healthcare landscape evolves, such strategies are essential for ensuring that future nurses are both technically skilled and culturally prepared to deliver compassionate, safe care.

Conclusion

Cultural competence is no longer an optional skill in nursing education—it is essential. In Oman, where social and religious values deeply influence patient care, nursing students must be adequately trained to deliver care that is not only technically sound but also culturally respectful. Clinical instructors, as mentors and role models, must be equipped with tools and training to help students navigate this complexity.

The proposed research offers a starting point for understanding current practices, identifying gaps, and shaping a culturally responsive curriculum. With targeted efforts, Oman's nursing programmes can lead the way in integrating cultural humility and sensitivity into healthcare education across the region.

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