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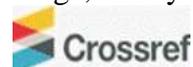
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Perceived Challenges and Barriers to Implementing Transcultural Training in Nursing Education: A Qualitative Study from Karachi, Pakistan

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Abstract

Purpose: This is a qualitative explanatory research undertaken to investigate the problems and challenges for the implementation of transcultural nursing education in Karachi, a big city that has a high degree of ethnic, linguistic, and religious diversity in Pakistan.

Materials and Methods: The research was conducted on the basis of semi-structured interviews with student nurses and educators, supported by clinical observations and thematic analysis using NVivo software, demonstrates that there are a number of unresolved barriers to successful implementation of cultural competence in nursing education.

Findings: The lack of institutional support and administrative commitment are the most crucial barriers, cultural misunderstandings, and different levels of preparedness between students and educators, discontinuity and non-standardization of the curriculum, the absence of faculty education and cultural awareness in transcultural nursing, and language barriers that impede the positive communication with patients. Findings have

indicated that cultural competence has in most cases become a marginal topic in the nursing education rather than being among the fundamentals of the nursing education and most of graduates are ill equipped to provide culturally competent care in various clinical settings.

Unique Contribution to Theory, Practice and Policy: The article demonstrates the need to make changes on a systemic level, such as better resource allocation, an all-encompassing faculty development program, a course in transcultural nursing and an experience of language acquisition and cultural immersion. These barriers need to be overcome to enable nursing professionals to deliver equitable, respectful, and effective nursing services to the patients of Karachi who are multicultural, thus improving patient satisfaction and health outcomes in Pakistan.

Keyword: *Transcultural Nursing, Cultural Competence, Nursing Education, Barriers, Karachi Pakistan, qualitative research, institutional support, faculty development.*

1.0 INTRODUCTION

The contemporary healthcare setting is becoming more culturally diverse, with the trends in the healthcare systems across the world showing an increasing number of patients with diverse ethnic and cultural backgrounds. This heterogeneity presents a significant challenge to the medical staff especially nurses who come in direct contact with the patients on a regular basis. Nursing care competency has become essential to guarantee that the aspects of healthcare services are helpful as well as respectful and also address the needs of diverse patients at a personal level (Baig and Mumtaz, 2025). By being culturally competent, nurses can integrate care that supports cultural values, beliefs, and practices of patients and eventually leads to greater patient outcomes and satisfaction (Farooqui et al., 2024). As a result, the nursing education systems across the globe are currently integrating the transcultural nursing models in their curriculums to guarantee that the upcoming nurses are equipped with the ability not only to grasp the medical expertise but also the ability to understand and address the unique needs of the patients with diverse cultural backgrounds (Raza, 2024). However, despite the worldwide tendency of adopting cultural competence in the healthcare setting, most areas, such as Pakistan, still have big problems with the integration of transcultural training into nursing education.

Karachi, the capital of Pakistan, is a multicultural area with a very heterogeneous population, which includes the representatives of various ethnic, linguistic, and religious communities: Sindhi, Pashtun, Baloch, Punjabi, and Mohajir. Besides, the city also accommodates immigrants of other nations like Afghanistan, which further adds to the cultural richness of the city. This heterogeneous setting highlights the importance of transcultural training in nursing school since it provides caregivers with tools to overcome the pandemic of challenges when attending to a heterogeneous patient population (Ali et al., 2023). Transcultural education is essential to the Karachi nursing institutions where the graduates are supposed to work in a culturally diverse society. Nevertheless, very often, due to the common lack of cultural competence in curricula, students are not able to effectively communicate with disparate cultural patients. Also, it is possible that the current nursing programs in Pakistan do not have adequate resources, faculty, and curriculum that can transfer the intricacies of transcultural nursing care (Lalani, 2023). This gap of knowledge in nursing education can lead to ineffective care provision, and this fact can have a negative influence on patient satisfaction and health outcomes.

Karachi, the largest city of Pakistan, is a multicultural metropolis with an estimated population exceeding 17 million. The city reflects substantial ethnic and linguistic diversity, with Mohajirs constituting approximately 45% of the population, followed by Pashtuns (around 25%), Punjabis (approximately 14%), alongside Sindhi, Baloch, and smaller migrant communities including Afghan refugees. This demographic complexity shapes healthcare interactions, communication patterns, religious practices, and expectations surrounding care delivery.

Such heterogeneity underscores the importance of transcultural training in nursing education, as nurses routinely interact with patients whose cultural norms, languages, and belief systems differ significantly. In this context, transcultural education is not merely an academic addition but a practical necessity for equitable and culturally responsive care. Nursing institutions in Karachi prepare graduates to serve within this socially diverse environment; however, concerns remain regarding how effectively cultural competence is embedded within existing curricula. Reports suggest that limited institutional resources, insufficient faculty preparation, and fragmented curricular integration may restrict students' ability to translate cultural

awareness into clinical practice (Lalani, 2023). These contextual realities call for an in-depth exploration of how transcultural nursing education is experienced and implemented within local institution

Although cultural competence has increasingly gained recognition as an essential component of nursing education worldwide, limited qualitative attention has been given to how transcultural training is experienced, interpreted, and implemented within nursing institutions in Karachi. As a metropolitan city with a population exceeding 17 million—comprising approximately 45% Mohajirs, 25% Pashtuns, 14% Punjabis, alongside Sindhi, Baloch, and migrant communities—Karachi presents a uniquely complex cultural healthcare environment. Such diversity directly influences patient communication patterns, religious considerations, gender norms, and expectations regarding care delivery. Despite this context, discussions of cultural competence in Pakistan often remain conceptual or policy-oriented, without sufficiently exploring the institutional realities and lived experiences of nursing students and educators operating within this multicultural setting. Existing studies tend to focus broadly on healthcare system challenges, offering limited insight into the pedagogical, structural, and sociocultural barriers that shape transcultural nursing education at the institutional level (Ali, 2023; Baig & Mumtaz, 2025). The critical gap, therefore, is not merely the absence of large-scale data but the lack of nuanced, context-specific understanding of how transcultural training is embedded, negotiated, and constrained within Karachi's nursing programs. Without such in-depth exploration, efforts to integrate cultural competence risk remaining fragmented and superficial. A qualitative inquiry is thus necessary to illuminate institutional practices, educator preparedness, student perceptions, and structural constraints influencing the implementation of transcultural nursing education in this diverse urban context.

1.1 Problem Statement

Although it is noted that the role of cultural competence in nursing education is increasingly becoming significant in all parts of the globe, there is a significant gap of large scale research which would answer the questions and barriers to the implementation of transcultural training in the nursing education system of Karachi. Research on cultural competence in nursing education in Pakistan can be described as sporadic, since it is too busy with general healthcare issues without giving a detailed focus on the specific cultural issues that are common among nurses students and their professors in Karachi (Ali, 2023). Such a gap in empirical research has made it difficult to come up with certain steps that can assist nursing institutions overcome the obstacles in integrating transcultural education into their curriculum. Additionally, the cultural competence concept has been addressed in various contexts of the Pakistani healthcare system (Baig and Mumtaz, 2025). But there is little data regarding the practical implementation of the transcultural training in nursing education. This knowledge gap has led to a number of questions on the effectiveness of currently implemented educational practices and issues related to misunderstanding of cultural competence and the difficulties nursing students and educators encounter in understanding and applying their knowledge to clinics

While cultural competence has increasingly been recognized as a fundamental component of nursing education globally, limited attention has been given to how transcultural training is practically interpreted, experienced, and negotiated within nursing institutions in Karachi. Existing discussions in Pakistan often address cultural competence at a conceptual or policy level, yet there is insufficient contextualized understanding of the lived experiences of nursing students and educators navigating culturally diverse clinical environments. Rather than a lack of numerical evidence, the primary gap lies in the absence of nuanced qualitative

inquiry into institutional realities, pedagogical challenges, and sociocultural dynamics shaping transcultural education in this setting. Nursing education in Pakistan is frequently examined through broad healthcare challenges, leaving unexplored the specific cultural tensions, language barriers, and preparedness concerns encountered in multicultural urban centers such as Karachi (Ali, 2023). Without such in-depth exploration, institutional reforms risk remaining superficial. A qualitative investigation is therefore necessary to illuminate the meanings, perceptions, and structural constraints influencing the implementation of transcultural nursing education within Karachi's nursing institutions.

1.2. Objectives and Research Questions Addressed

This research paper is going to examine the issues and obstacles of adopting transcultural training in nursing education in Karachi. The objectives that will guide the research are the following:

1. To determine the major issues of nursing students and educators in Karachi in the application of transcultural training in nursing training.
2. To research the institutional and cultural impediments to the implementation of cultural competence in nursing curricula.
3. To understand how the nursing students and educators perceive the value of transcultural training in enhancing patient care and fostering cultural sensitivity in healthcare.
4. To determine whether nursing educators and institutions are ready to implement and provide transcultural training as an element of the nursing education curriculum.

According to these purposes, the following research questions were developed:

1. What are the topical issues of nursing students and educators in Karachi in terms of the application of transcultural training in the field of nursing education?
2. What are the institutional, cultural, and systemic forces that help to create the barriers to nursing educators when providing culturally competent education?
3. What is the perception of nursing students and teachers about the relevance of transcultural training in nursing practice and better treatment of a multicultural patient in a city such as Karachi?
4. What strategies can be employed to overcome the barriers to implementing transcultural training in nursing education in Karachi's nursing institutions?

2.0. LITERATURE REVIEW

2.1. Theoretical and Conceptual Frameworks

The conceptual framework of this study is centered on three interrelated dimensions that influence the implementation of transcultural nursing education in Karachi: Institutional Support, Cultural Barriers, and Student and Educator Preparedness. Institutional Support encompasses curriculum integration, resource allocation, faculty development initiatives, administrative commitment, and structured pedagogical planning (Tosun et al., 2024). In resource-constrained educational environments, limited funding, absence of structured modules, and competing academic priorities may marginalize cultural competence within nursing programs. Cultural Barriers include not only language differences and cultural misunderstandings (Berhanu et al., 2021), but also context-specific socio-religious norms that significantly shape healthcare interactions in Pakistan. In Karachi, transcultural nursing extends beyond ethnic diversity and requires sensitivity to Islamic bioethics, gender-segregation norms (purdah), family-centered decision-making, modesty considerations, and faith-informed healthcare expectations. These factors influence consent processes,

communication styles, and nurse–patient interactions, particularly in gender-concordant care settings. Thus, cultural competence in this context requires religious literacy and awareness of collectivist social structures, not merely cross-ethnic understanding.

Student and Educator Preparedness refers to the knowledge, attitudes, self-efficacy, and pedagogical readiness required to engage with transcultural concepts effectively (Abou Hashish et al., 2025). In collectivist societies such as Pakistan, preparedness must also account for hierarchical educational relationships and respect-based authority structures that shape classroom dynamics. Each of these dimensions interacts dynamically. Strong institutional support enhances faculty capacity, which in turn influences student readiness. Conversely, persistent cultural barriers and inadequate structural backing may weaken the practical translation of transcultural knowledge into clinical competence. Within a highly diverse urban environment such as Karachi, these interactions become particularly significant.

Theoretical and conceptual frameworks culturally different healthcare have become a global issue that demands nursing education to provide transcultural nursing education as a top priority. A shift has been observed in the nursing education system, with a focus on developing cultural competence. Nurses are expected to be respectful and responsive to patients' diverse cultural needs (Straughair et al., 2023). The implementation of transcultural nursing into educational programs ensures that nurses have the proper knowledge and skills to deal with different cultures in the workplace, which in turn leads to better patient care (Straughair et al., 2023). An extremely high demand for careful attention to patients' cultural needs has been realized, recognized, especially in countries with large immigrant populations. Berhanu et al. (2021) argued that nurses in Ethiopia who felt they had a high level of transcultural self-efficacy were to provide culturally competent care. This fact shows that the trust in managing culturally different situations and performance in heterogeneous healthcare settings can be significantly increased only in case the nurses are trained in terms of cultural competence. Larsen et al. (2021) claim that mastering cross-cultural communication is a key to the high-quality of care. Their empirical investigation in India shows that good interpersonal communication between the nurses and patients with quite different cultural backgrounds is directly related to better health outcomes and increased patient satisfaction. Kirmayer and Minas (2023) also argue that the increased awareness of cultural psychiatry and its role in nursing practice is the reason why transcultural nursing education should be integrated in general health care, as well as in specialized fields such as psychiatry. Their proposed argument is that transcultural competencies will help nurses to deliver therapeutic interventions in manners that are culturally sensitive, and this aspect is essential in promoting mental health in diverse populations.

Nevertheless, the global advancements are accompanied by challenges in the proper application of transcultural nursing education. Tosun et al. (2024) tested a new curriculum aimed at improving transcultural nursing education and discovered that it increased the awareness of the students on cultural diversity. Nevertheless, both faculty and students opposed the program indicating the difficulty in infusing new content into the well-established nursing programs. Their study highlights the significance of inclusive educational systems (culturally inclusive) that would be consistent with national and international healthcare standards. Although the concept of transcultural nursing is gaining momentum, there have been a number of challenges that have hindered the implementation of this concept in nursing education across the world. One of the significant barriers is the absence of institutional support. According to Abou Hashish et al. (2025), a significant percentage of nursing schools lack cultural competence in their official programs due to the shortage of resources, lack of expertise among faculty members, and absent institutional dedication. As a

result, transcultural education is very likely to be dismissed as a secondary issue instead of an essential part of nursing training.

Language barrier is one of the greatest challenges that can significantly affect the efficacy of transcultural nursing education. Nurses who do not possess the skill of communicating with diverse patients with different lingual backgrounds have higher chances of delivering poor care. According to Berhanu et al. (2021), language barriers result in the emergence of miscommunication, which subsequently causes dissatisfaction in patients and care errors. It is further aggravated when dealing with multilingual societies in which nurses are required to use more than one language on a regular basis. Besides language barriers, cultural misunderstandings can also become a significant challenge. The majority of nurses may, especially in a less culturally diverse environment, lack sufficient knowledge of the specific cultural practices and beliefs that affect healthcare. Papadopoulos et al. (2021) maintain that cultural misunderstandings lead nurses to impose their values on patients, resulting in care that is not entirely consistent with patients' preferences or needs. This can prevent the trust that healthcare providers and patients have in the former, which will provide less effective care, and the latter will experience lower satisfaction.

The absence of a diverse nursing faculty makes the problem worse. Abou Hashish et al. (2025) stated that nursing educators who are not culturally competent themselves may have difficulty teaching the transcultural concepts effectively. Being unprepared in this way may result in not recognising the importance of cultural sensitivity. Subsequently, it restricts students' capacity to implement these principles during their clinical practice. Shah et al. (2025) examined the healthcare sector in Pakistan, which is rapidly becoming diverse due to the various ethnic and religious communities. Therefore, the need for transcultural nursing education is very high. As a cosmopolitan metropolis, Karachi has a high number of cultural groups, which highlights the importance of cultural diversity being the key principle of nursing education. However, scholars have found extensive gaps in the provision of transcultural education in Pakistani nursing education programs. In the study by Farooqui et al. (2024), the researchers examined the concept of cultural competence among nursing students in Pakistan and found out that students did not only acknowledge the importance of the given notions, but they also were deficient of the necessary skills to implement the applicable concepts in the clinical context. Their results suggest that cultural competence is discussed unevenly in courses, and it is frequently not coherent or supported by specific resources. The research suggests that comprehensive cultural competency training should be implemented immediately into the nursing syllabus.

Likewise, the survey of nursing educators in Karachi by Shah et al. (2025) revealed that many of the teachers are not confident in their ability to teach culturally relevant issues, which also demonstrates the gaps in the cultural competency training in the area. The shortage of training among educators mirrors the challenge of institutions in Pakistan, which is the scenario of nursing schools that are faced with the problem of resource and faculty training and a lack of standardized curricula on cultural competence. Nursing students get different educational experiences because the absence of a clear framework for teaching cultural competence results in the inconsistency of the education they receive. Therefore, they are not prepared for the challenges of working in diverse clinical settings. Bibi et al. (2023) turned their attention to the ethical dilemma of the nursing educators in Pakistan and, through their research, unveiled cultural sensitivity as a significant problem in their teaching. The study reveals that educators frequently encounter situations where they have to address the culture of students and patients, and they hardly come across different cultural practices and also suffer from the lack of professional development in transcultural nursing. These issues

become obstacles in the way of the development of culturally competent nurses in Pakistan, emphasizing the significance of the improvement of educator training and the integration of cultural proficiency in nursing programs.

Moreover, the multicultural composition of students in nursing institutes in Karachi makes the implementation of the transcultural nursing education module more difficult. The study by Raza (2024) highlights that nursing students come from various cultural backgrounds and have different levels of readiness for the transcultural learning process. While a few students can draw on their cultural experiences as they learn, some may be totally unaware of the importance of cultural competence and not even have a basic understanding of it. The diversity has become a double-edged sword for the teachers in Karachi as they not only have to cater to the needs of the students but also have to ensure that the educational experience is inclusive and culturally sensitive. The present research is based on the conceptual framework of Culture Competence in nursing, which is generally considered a requirement for better patient care in multiethnic healthcare settings. Cultural Competence Theory maintains that healthcare workers, nurses included, have to acquire knowledge and respect different cultures to be able to provide productive and fair care. This means that apart from understanding different cultures, one should also acquire the skills that will enable them to change their care practices in a way that will satisfy patients coming from various cultural backgrounds (Papadopoulos et al., 2021).

Understanding the different aspects of cultural competence in nursing is more convenient with the help of Campinha-Bacote's Model of Cultural Competence. The model from the mentioned author highlights the five main components of cultural awareness, cultural knowledge, cultural skills, cultural encounters, and cultural desire. These elements signal the need for lifelong learning and introspection of one's own and the patient's cultural values to be able to provide better nursing care (Abou Hashish et al., 2025).

Besides cultural competence, Transformative Learning Theory (Mezirow, 2000) is another source of explanation as to how nursing students may significantly change their worldviews due to contradictory experiences with their culture-related assumptions. This theoretical framework views nursing education as an instrument that can change students' outlooks by broadening their understanding of the culture and enhancing their engagement with the culturally diverse patients (Tosun et al., 2024). By combining these theories, the present research intends to investigate the role of Karachi-based nursing training in the development of culturally competent nurses, who are the most effective providers of culturally sensitive care. The literature on the significance of cultural competence in nursing education is quite rich and focuses on different parts of the world, and the research specifying the challenges and barriers to implementing transcultural nursing education in Pakistan, mainly in Karachi, is still sparse. While the global research reports the urgent need for transcultural competence (Berhanu et al., 2021), and local studies are slightly raising the issue of cultural competence (Farooqui et al., 2024; Shah et al., 2025), the exact obstacles faced by nursing students and educators in Karachi have been insufficiently identified.

In addition, research on transcultural nursing education in Pakistan has failed to acknowledge the cultural and institutional challenges associated with the incorporation of cultural competence in nursing curricula. The paper of Farooqui et al. (2024) highlights the understanding of cultural competence by nursing students, but the authors do not venture to explore the obstacles that institutions and systems pose to the implementation of this concept. In the same way, Shah et al. (2025) concentrate on the viewpoint of the educators, but their paper does not discuss how the different backgrounds of students can affect the quality of the

training. Therefore, a focused study is required to address **student and teacher experiences** regarding the transcultural nursing education in Karachi and to figure out the barriers as well as the challenges of the local context. The absence of such research is an obstacle to devising methods that would facilitate the delivery of the transcultural training in Pakistani nursing schools.

The cultural integration of nursing education through the development of a cultural competence model served as a conceptual framework for this research, which, in particular, focused on the barriers to the implementation of cultural competence in the nursing institutions of Karachi. The framework is centred around the three major factors that affect the transcultural nursing education: Institutional Support: It covers items and services like materials, curriculum development, staff training, and the cultural competence of the administration (Tosun et al., 2024). Cultural Barriers: These are issues like language differences, cultural misunderstandings, and a lack of familiarity with the diverse cultural practices in health care (Berhanu et al., 2021). Student and Educator Preparedness: Those are the concepts, knowledge, and skills of the students and educators reflective of cultural competence. It includes not only the educators' readiness to instruct the transcultural concepts but also the students' preparedness to interact with the diverse patient populations (Abou Hashish et al., 2025). Each of these three elements influences the others to determine the level of success of the introduction of the transcultural training program to nursing education. The framework assumes that in the case of strong institutional support, educators have all the needed resources and means to implement the teaching of cultural competence, while students, with the provided possibilities, are engaged in practical exposure of the theoretical knowledge that they attain to provide care of patients, ensuring there is cultural competence. The cultural barriers may prevent the efficient merging of transcultural training in the education system and would limit the opportunities of the students to have a practical understanding of the theoretical knowledge. Basically, in the context of a city with such ethnic and cultural diversity as Karachi, these pitfalls would be very significant, if not overpowering.

While Campinha-Bacote's Model of Cultural Competence and Mezirow's Transformative Learning Theory provide valuable theoretical foundations for understanding transcultural education, their application within Pakistan requires contextual reinterpretation. Campinha-Bacote's framework emphasizes individual self-awareness, cultural knowledge, and personal encounters, reflecting Western orientations toward individual autonomy and self-directed learning (Abou Hashish et al., 2025; Papadopoulos et al., 2021). However, Pakistani society operates within a predominantly collectivist socio-cultural structure in which family authority, religious values, and communal identity frequently shape healthcare decision-making more strongly than individual preference (Ali et al., 2023). In this context, cultural competence must extend beyond individual bias reflection to include sensitivity toward collective belief systems, Islamic bioethical considerations, gender norms, and religious jurisprudence that influence consent processes, modesty expectations, and nurse-patient interactions.

Similarly, Mezirow's Transformative Learning Theory emphasizes critical reflection and perspective transformation through dialogical engagement and discourse (Tosun et al., 2024). Yet, in hierarchical and respect-oriented educational environments such as those found in Pakistan, classroom interaction is often shaped by authority structures and deference to senior educators (Bibi et al., 2023). Open critical debate may not occur in the same manner as described in Western pedagogical contexts. Consequently, transformative learning in Pakistani nursing education may require structured, culturally congruent reflective practices that encourage guided self-examination rather than confrontational critique. By adapting

these theoretical models to local socio-cultural realities, transcultural nursing education in Karachi can move beyond theoretical adoption toward meaningful contextual integration, ensuring that global frameworks are applied in ways that resonate with local institutional and cultural dynamics.

2.2. Hypotheses

Based on the theoretical and conceptual frameworks, the following hypotheses are proposed:

1. Hypothesis 1: Institutional support for transcultural nursing education (e.g., curriculum integration, faculty training, and resource allocation) is positively associated with the perceived effectiveness of cultural competence training among nursing students in Karachi.
2. Hypothesis 2: Cultural barriers, including language differences and cultural misunderstandings, negatively impact the effectiveness of transcultural nursing education in Karachi's nursing schools.
3. Hypothesis 3: Nursing students who have higher levels of cultural competence (measured through perceived self-efficacy and knowledge) will report greater preparedness to provide culturally competent care in clinical settings.
4. Hypothesis 4: Nursing educators who receive targeted training in cultural competence are more likely to effectively teach transcultural nursing concepts to their students.

3.0 MATERIAL AND METHODS

3.1. Study Design

The research design adopted in the study is qualitative, exploratory research design because the study seeks to understand more of the issues and barriers related to the implementation of transcultural nursing education in nursing institutions of Karachi. The qualitative method suits the current study as it will provide the opportunity to consider personal views, experiences, and attitudes of respondents, which are at the center of the dynamics of transcultural training in nursing education (Straughair et al., 2023). Since the research is exploratory, it will be possible to identify the essential issues and challenges still unexplored in the scope and depth in the past, especially in the city of Karachi. This includes finding out where nursing courses and schools are providing educational opportunities to nursing students and where they can practice their knowledge in the clinical setting. Karachi is a diverse city and its population is multi-culturally oriented. Therefore, it is a perfect place to discuss the problem of transcultural educational implementation in nursing colleges. The sampling will focus on nursing colleges and teaching hospitals (public and private), which will be offering different types of nursing programs and will therefore offer contrasting views regarding the issues of introducing transcultural training in the curriculum.

3.2. Study Participants

Participants to be included in this in this study are include nursing students and the nurse educators. Firstly, the nursing students that attend different academic years (first-year to final-year students) within the nursing schools in Karachi will be included. Such students will be chosen according to their various cultural backgrounds and experience in the classroom and clinical settings. The sample will include a purposive sampling technique whereby students with diverse exposure to transcultural notions of nursing will be used. The second type of participants will be the nurse educators having experience in teaching nursing students, especially the ones who train students with different cultural backgrounds. Such educators are also not likely to be equally experienced in transcultural nursing education.

They will be chosen according to their experience in teaching and familiarity with the issues related to incorporating cultural competence in the curriculum.

3.3. Data Collection

In order to receive extensive and in-depth data, the research will be conducted with the use of semi-structured interview guides and observation checklists. Both the nursing students and educators will be interviewed in semi-structured interviews. The interview guides will be in the form of open-ended questions that aim at discussing the experiences, perspectives, and challenges of the participants when dealing with transcultural nursing education. To exemplify, questions will be developed to investigate the knowledge level of students, educators on topics related to cultural competence, the existence of institutional support of transcultural education, and the obstacles they face when trying to apply transcultural care in clinical practice (Berhanu et al., 2021). Besides interviews, the research will also apply observation checklists to record cases of cultural sensitivity/insensitivity witnessed in the course of nursing practice in the clinical environment. It will help the researchers to detect irregularities between the theoretical understanding of transcultural nursing and its practice in the real-life situation so that the cultural misconception, or obstacles students face when communicating with patients, are revealed (Papadopoulos et al., 2021).

3.4. Thematic Analysis

The thematic analysis will be applied to the data gathered in the result of interviews and observations. This qualitative data analysis technique is suitable due to its ability to determine the theme and methodical patterns within the information, thus giving subtle details regarding the problems and challenges that face students of nursing and teachers in Karachi (Tosun et al., 2024). Interestingly, at the coding phase, the interview and observation transcripts will be transcribed and subsequently coded into common patterns, concepts or phrases. The coding cycle will be recursive where initial themes will be updated as more data is analyzed, and thus better refinement and precision of the emerging themes. After the coding, the extracted themes will be grouped into larger categories that summarize the important dimensions of the research questions. As an example, the themes related to the institutional support, cultural barriers, and teacher readiness will undergo a systematic level of classification to enable a general overview of the underlying problems. The following questions were explored:

1. What do you think is the biggest challenge in implementing transcultural nursing education in Karachi?
2. How can nursing schools in Karachi better prepare students to provide culturally competent care?
3. How important do you think it is for nursing educators to receive specific training on cultural competence?
4. What changes would you recommend to improve the integration of cultural competence into nursing education in Karachi?

4.0. FINDINGS

Introduction of transcultural nursing education forms a critical plan in equipping nursing students to provide culturally sensitive services in various healthcare facilities. With the rising rate of multiculturalism in health care systems especially in the more urban Karachi environment in Pakistan, it is high time that nursing programs in the country integrate transcultural nursing models in their curriculum. Cultural competence guarantees that the nurses are skilled in not only clinical competence but also able to interact with patients of

various ethnic, religious, and linguistic groupings (Baig & Mumtaz, 2025). However, a variety of challenges often face the successful implementation of transcultural training into nursing education. This section aims at providing a detailed discussion of the obstacles hindering successful introduction of transcultural training in nursing education in Karachi.

The thematic analysis, which is presented herein, is prepared based on the insights of the nursing students and educators who were congregated using semi-structured interviews and observations. In this section, the author examines the themes that kept re-occurring in the data and the results were institutional, cultural or educational barriers that deter the implementation of cultural competence in nursing programs. The thematic analysis further explains the factors, which hinder the effective provision of transcultural nursing education, such as the absence of institutional backing, faculty readiness, and cultural obstacles within the education setting and within the clinical setting. By being aware of these issues, the research will attempt to yield practical suggestions that can assist learning institutions in Karachi to more aptly integrate transcultural competence within their nursing programmes.

Thematic analysis was used to enable an intense review of the data gathered among the nursing students and educators. This was done by starting with the transcription of the interviews and observations in order to find out the patterns and major issues that emerged uniformly in more than one response. The data were well organized and categorized using NVivo software. After reviewing the responses, it was concluded that six major themes came out that describe the obstacles and barriers to the implementation of transcultural training among nursing students and educators in Karachi. These themes are:

4.1. Theme 1: Institutional Support

The support by the institutions was identified as a core theme in the analysis which highlighted the critical role of nursing institutions, in both supporting and deterring the incorporation of transcultural training. The sub-theme of institutional support was the shortage of resources. It was always reported that many nursing schools in Karachi have a shortage of resources. These include the limitation on access to educational materials, including textbooks and case studies about transcultural nursing, and the inadequate funding of the development of dedicated cultural competence programs. One of the main problems (sub-theme) that were determined was that administrative commitments of the nursing schools in terms of cultural competence education were not sufficient. Most of the respondents indicated that transcultural nursing education is usually viewed as a non-core subject or a course that is offered as an optional one. This institutional insensitivity means that cultural competence inclusion is fragmented or superficial, so that the depth and breadth of exposure of students to these important concepts is curtailed. All these institutional support barriers deprive the nursing students of comprehensive training in cultural competence. In turn, even though, students with proper awareness of cultural diversity in healthcare, they lack sufficient background knowledge to address the issues posed by the diverse patients in clinical environments.

4.2. Theme 2: Cultural Barriers

Cultural barriers were included in both the nursing education system and the clinical practice settings as one of the major challenges. This theme analyses the role of cultural misunderstandings and different backgrounds of students and patients in determining effectiveness of transcultural nursing education. One of the sub-themes include cultural misunderstandings. For instance, the participants have narrated a case where nurses (particularly those that lacked exposure to cultural diversity) often misinterpreted cultural practices and preferences of patients. This lack of cultural awareness may cause the nurses to

enforce their values on the patients and thus compromising service delivery to the patients. Another sub-theme of cultural barriers is multiculturalism. The multicultural setting of Karachi offers certain opportunities and challenges. Although diversity of student population makes the learning process rich, it also makes the teaching of transcultural nursing difficult. Certain students especially with the more homogenous cultural backgrounds might not have been exposed to cultural diversity before. As a result, they have no adequate background knowledge to effectively interact with the culturally diverse patients. Such cultural obstacles greatly hinder the assimilation of cultural competence in nursing education since the students are usually ill equipped to handle the complexities of the intercultural relationships in a healthcare facility.

4.3. Theme 3: Preparedness of students and educators

Students' readiness to learn, and educators' readiness to instruct turned out to be a crucial theme in the study of issues that face nursing programs in Karachi. Preparedness in this case might be defined as the knowledge and ability that individuals possess to be effective in dealing with transcultural concepts. One of the sub-themes is students' preparedness. Most students of nursing claimed that they were not sufficiently equipped to deal with culturally diverse patients. Although students were subjected to the principle of cultural competence throughout their training, they would often face challenges in implementing them in real clinical settings. The disjointed method of instructing cultural competence in various courses was also an important factor in this challenge. Another sub-theme was found to be the educators' preparedness. A substantial number of nursing teachers were concerned about their personal readiness to teach transcultural nursing professionally. Majority of the faculty members also admitted that they were not being formally trained in cultural competence and thus their ability to instill these essential ideas in learners was also restricted. The lack of preparedness in this educator is merely a reflection of a broader problem in the Karachi nursing schools, where the focus on transcultural training is still required. Therefore, it might be stated that the readiness of the student and the educator is an essential part of the successful course of transcultural nursing education. Without relevant training and resources, the 2 groups cannot substantially participate in cultural competence in clinical practice.

4.4. Theme 4: Curriculum Development and Materials

The organization and availability of resources to teach transcultural nursing were found to be the critical themes in the analysis, which highlighted major challenges in the process of cultural competence implementation into the nursing curriculum. One of the key issues that were established by the participants was the fragmented culturalism i.e. fragmented method of presenting transcultural nursing. Individual topics of cultural competence were so often included in various courses with no unified structure. Because of this, students failed to gain a holistic knowledge of the subject, and the practice of this in diverse clinical environments was not uniform. Moreover, the participants also reported the lack of a standardized curriculum in transcultural nursing. Even though there were institutions that provided courses on cultural competence, there was no apparent structure and methodology across nursing programs. This non-standardization hindered the confidence that every student would get an equal amount of education on cultural competence. Therefore, it can be inferred from this that students and educators universally recognized the need to have a structured and integrated curriculum that has cultural competence entrenched in all aspects of nursing education.

4.5. Theme 5: Faculty Training and Development

Another theme that was identified was the professional development of nursing faculty, in which the role of the educators in the effective provision of transcultural nursing education

was stressed. The respondents emphasized the significance of providing the faculty members with the specific training programs in transcultural nursing. In the absence of specific developmental efforts, most educators do not have the necessary knowledge and confidence to effectively teach cultural competence. The shortage of the faculty in this field also plays a part in the scarcity of transcultural nursing integration in educational curricula. Another sub-theme was the lack of expertise of the faculty. For instance, a number of teachers mentioned that they felt while incompetent teaching transcultural nursing, which can be explained by the lack of knowledge. The lack of specialists in subject matter in transcultural nursing education made this situation even worse. Therefore, it might be inferred from these results that faculty training should be an important investment to make sure that the nursing educators are able to teach the concepts of transcultural nursing in a competent manner. Moreover, they are able to provide students with the skills required to work in culturally diverse healthcare environments.

4.6. Theme 6: Language Barriers

The issue of language disparities was found to be one of the major obstacles to the introduction of good transcultural nursing education. The participants found this challenge to be a big problem in the interaction with patients of various lingual backgrounds. The cultural competencies of effective care delivery are based on effective communication and language barriers prevent nurses to understand the needs and preferences of their patients. The problem is particularly acute in Karachi a city that is multilingual in nature. Languages create a sense of miscommunication and patient dissatisfaction, which contributes to the inefficiency of transcultural nursing education and degrades the effectiveness of the care delivery to heterogenic patients.

Briefly, the thematic analysis in this section explicates the numerous barriers to instituting transcultural nursing education in the Karachi nursing institutions. These barriers include a lack of institutional backing, cultural misconception, sporadic curricula, lack of faculty competence and language. It is necessary to deal with these issues to improve the cultural competence of nursing students and guarantee their willingness to provide patients with high-quality care to the general population. The results of this research provide useful information that may guide the nursing institutions in Karachi in taking the more productive approach to integrating the transcultural training in their curricula.

5.0. DISCUSSION

One of the biggest obstacles that we found is that the institutions don't do enough to support it. Nursing schools in Karachi are very resource challenged; they lack funds, good teaching materials, and the administrative support for transcultural nursing education. Without resources and formal support transcultural competence becomes a peripheral factor rather than a core issue of nursing education. These results align perfectly with a previous study that focused on the significance of the commitment by the institutions for successfully implementing the transcultural training (Abou Hashish et al., 2025). The findings of the current research highlight the importance of prioritizing the cultural competence as an important part of the curriculum. Moreover, the study also focusses on the proper allocation of the resources for the development of faculty. Finely, the study focusses to ensure the consistent integration of transcultural education across different courses.

The effective delivery of transcultural nursing education is further complicated by the cultural barriers identified in the present research. These include cultural misunderstandings, students from different backgrounds. As nurses might unintentionally force their own rules and values on patients, misconceptions related to their cultural values and traditions might result in poor

care that might result in least satisfied patients. Additionally, the availability of student populations from different cultures provides a great opportunity for cultural exchange. This factor also poses a challenge for the instructors as they need to study different levels of cultural awareness and readiness among the students of Karachi. This emphasizes the need of focused interventions to improve students' knowledge and comprehension of cultural diversity from the beginning of their education in order to better prepare them for clinical practice.

The preparedness of students and instructors is another major challenge. Karachi students report that they feel unprepared to engage with people from different cultural backgrounds. This due to the fact that there is a fragmented approach followed while teaching cultural competence. However, as there are less opportunities available for professional development and training in this field, teachers also have concerns that they are not ready for teaching the students from different backgrounds. Therefore, these result emphasize the significance of faculty development programs, which need to be created to give teachers the information and abilities they need to successfully teach transcultural nursing students. Properly trained and equipped instructors will be able to pass their competencies to the nursing students.

Other barriers to effective nursing education include the curriculum design and the availability of resources. There is no cohesive curriculum available for the students that makes it very difficult for them to understand the topics. Such type of fragmented approach creates problems as it challenges students' ability to apply transcultural concepts efficiently in clinical practice. These results are in line with the research by Farooqui et al. (2024), who suggested that rather than being treated as a stand-alone subject, cultural competence education should be incorporated throughout the nursing curriculum. Such type of a well-organized and coherent curriculum will guarantee that students acquire the practical skills that are necessary to deliver culturally competent care in addition to the theoretical knowledge.

Lastly, the language barrier turned out to be the greatest hindrance to successful application of transcultural nursing education. The Karachi population is multi lingual, therefore, nurses often work with patients who do not speak the same language, and misunderstanding may cause severe mistakes in patient care. Language training is not the solution to this issue but only a profound insight into the role of cultural nuances in communication and care of the patient. Language proficiency in a wider context of cultural competence can help nurses to address these challenges and improve patient outcomes.

6.0. CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The current study provides important information on the obstacles and impediments towards the application of transcultural nursing training in institutions of Karachi. The results support the significance of cultural awareness, faculty development, institutional support and coherent curriculum in making nursing students sufficiently ready to offer culturally competent care. The mentioned barriers, specifically the shortage of resources and discontinuous curricula, point to the fact that a fundamental change in the nursing education system is needed to establish cultural competence as a fundamental part of the nursing practice. Based on this, the author suggests that Karachi nursing institutions should take proactive steps to deal with these issues, which include faculty training programs, provision of the right resources and institutional strong support. Furthermore, the instructors should also be properly trained and equipped with the necessary tools for teaching the nursing

students. Finally, students should be provided with opportunities to engage with diverse patient populations in their education.

5.2 Recommendations

The study recommends the future researchers and scientists to explore the role of language trainings as well as cultural immersion programs in enhancing transcultural competence. Also the systems of the other cities of Pakistan should be explored for addressing these challenges. In this way, by addressing these barriers discussed in the current research, the future students of Karachi might be better prepared to meet the needs of diverse population. This will ultimately improve the healthcare outcomes and also enhance the satisfaction of patients.

Acknowledgments and Conflicts of Interest Declaration

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