



Research Article

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Professional Training in Nursing and its Intercultural Implications in Times of Social Transformation: A Qualitative Study

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Abstract

Background: Professional nursing education from an intercultural approach enables culturally sensitive care in practice in the care of culturally diverse patients, so it is necessary to develop this intercultural preparation. Little is known about the success of educational interventions to develop this intercultural approach in times of social transformation of nursing graduates. Methodology: ethnomethodological and dialectical study that explored the intercultural preparedness of nursing graduates. Sampling was non-probabilistic, purposive, selected groups with lived experience and knowledge of the health-disease process. Semi-structured interviews were used to evidence intercultural training in nursing graduates, as well as to evaluate positive and negative aspects of social role development and the implementation of intercultural training. The collected data were subjected to a category and subcategory analysis. To distinguish the study sample, patients, relatives and nurses participated in a total of 26 persons. The results obtained highlight the importance of developing intercultural competencies in nursing professionals from pre-training, learning competencies through intercultural experiences and interactions in order to provide culturally integrated and holistic nursing care. In relation to patients and relatives, it becomes visible that the practice of sensitive traditional care with treatment based on respect for their identity, cultural patterns and beliefs. Conclusions: Engaging student nurses in learning activities, with culturally sensitive approaches, enables greater understanding and commitment to deliver health care in a culturally competent and efficient manner.

Keywords: nurse, cultural competence, training, intercultural education

1. Introduction

During the process of professional nursing studies, special attention is paid to the development of intercultural competencies (Zazzi, 2020), due to the changing variables of global patterns resulting in the diversification of the patient population (O'Brien et al., 2021). So practices involve the adoption of values that are part of a society, respect for diversity, critical thinking and empathy that allows to improve communication and provide adequate care by responding more sensitively to a culturally diverse patient population (Alonso-Palacio et al., 2017; Markey & Okantey, 2019)

Cultural competence is defined as an ongoing process in the development of knowledge, attitudes, and skills to provide effective care to diverse patients, considering patients' cultural beliefs, behaviors, and needs (Cai, 2016). Cultural practice is based on respect for diversity of ethnicity, nation, and society, it is essential for positive patient outcomes and improved patient satisfaction (Sjögren Forss et al., 2019; Valdez, 2019). This added value, during educational training processes, enhances the educational opportunities for cultural competence in nurses, because by having access to diverse cultures, they acquire knowledge, skills and behaviors to respond holistically to the needs of patients (Dietz, 2017; D. López, 2014; Villa & Palacios, 2017; Wang et al., 2018). However, it has been reported that nurses do not feel prepared to care for culturally diverse patients. Therefore, it is important to examine nursing education models focused on communication between native and foreign cultures, linguistic preservation of migrants, and learning outcomes. (Markey et al., 2018; Valdez, 2019)

While various educational methodologies have been implemented that allow for a culture of health care characterized by humanistic, compassionate, communicative, patient-nurse engagement and competence care (Clifford et al., 2015) This methodology, is also applied in community settings, where presence, active listening, understanding and empathy allow them to recognize the subject's situation, understand their fear, anguish or suffering and provide congruent intercultural care, include them in decision-making (F. López, 2016; Reina, 2018). In Canada, Australia, the United States of America, New Zealand and Hong Kong, they have implemented advanced nursing roles, models and measures of health care whose priorities are focused on the first level of primary health care. Similarly, in Iceland, outpatient nursing services have been set up, with extended nursing hours for the needs of urban, native and indigenous patients (Clifford et al., 2015; OPS, 2018).

At the Latin American level, nursing education actively participates in a socialization process aimed at integrating knowledge, values, principles, and practical skills in varied and complex contexts of the health care system (MINEDU, 2014; Ministerio de Salud, 2015; Veliz-Rojas, Bianchetti-Saavedra, 2019; Villa & Palacios, 2017). Thus, Mexico, Panama, Argentina, Colombia, Peru, Brazil and Chile, by having more postgraduate education, have successfully responded in the development of expanded roles in the care of human groups belonging to different cultures (Campos et al., 2017; Ministerio de Salud (MINSAL), 2019). In this way, they are moving towards the formation of intercultural networks of the health system, optimizing the processes of integration and alliance with these diverse cultures through the care of specialist nurses in multiple priority areas agreed upon with local governments and leaders of the associations representing the profession (Granger et al., 2012; Yin et al., 2018).

In this context, Peru, during the professional training of the nurse, poses as a challenge the development of intercultural competencies of health care, through processes of curricular renewal according to the characteristics of the peoples or communities, in addition to a profile of skills-based competencies (Albar & Sivianes-Fernández, 2016). Its basis is found in the University Law No. 30220, where one of the purposes of the university is to preserve, enhance and permanently transmit the diverse cultural identities of the country, as well as the principle of tolerance, intercultural dialogue and inclusion (MINEDU, 2014). The College of Nurses of Peru, also aims to promote interculturalism in the University Academic Training, seeking to contribute to the strengthening of intercultural competencies to interact in a timely and effective manner in the framework of the implementation of intercultural policies for the continuous improvement of health services (Colegio de Enfermeros del Perú, 2017; Ministerio de Salud (MINSAL), 2019).

Thus, various models with the intercultural approach arise to improve the competencies of nurses and nursing students through educational interventions, showing a great effectiveness varied in knowledge and methods, which allow to improve health care. Interculturality in health is adopted by each professional with a different concept and preserving their own identity to receive optimal health care and quality (O'Brien et al., 2021; Tubino & Mansilla, 2017). The nursing professional, differs from other disciplines, by the care activities based on cultural contexts, the own knowledge of care and social relationship skills (Alligood, 2015). Then, in the provision of health services, the competences acquire a conception in the health professionals through the availability and skills to develop an effective work within the cultural context of a community, family and individual (Harrison et al., 2019). Likewise, it is important the tradition in the health of patients, as well as in the behaviors that have to do with health and disease (Olivera I, 2017; Sisa C, 2019). Thus, the hereditary consistency characterized by the links of a person with their ethnic, cultural and religious background; the traditions of health that includes spirit, mind and body, in turn analyzes the actions of people, in a traditional way, to prevent, restore disease, to protect, maintain health; and finally the cultural phenomena that affect health, which identify six cultural phenomena that vary by cultural groups and influence health environmental control, social organization, biological variations communication, space and temporal orientation (Pulido et al., 2017).

Thus, there is a need to reexamine how to interculturally prepare nursing students, which is not only linked to nursing curricula but also to educational methodology and philosophies (Almutairi et al., 2017). As for the role that the nurse plays, it distinguishes the investigative and community teaching aspect, allowing the performance of different cultural functions, where it is required to acquire new knowledge and skills according to the health demands of intercultural populations through scientific and technological evidence, as well as generate new knowledge regarding the different means of effective quality nursing care where the way of thinking, acting and speaking seeks to develop the practical skills of nursing, to develop practical nursing skills and knowledge to create sources of accessibility in health, with the aim of promoting, restoring and maintaining the health of the population through the integration of scientific knowledge with the knowledge of the community, to acquire attitudes, personal convictions and certain social skills (Harvey et al., 2019; Jones et al., 2021). Therefore, the objective of this study allows to improve the understanding of the nursing professional from an intercultural aspect and of transformation of the social role of the nursing graduate student, through dialogue and intercultural experience, the narration of the lived experiences of the social actors, according to their personality, their lived intercultural experiences, the capacity of empathy and communication, the dispositions and the recognition and identity in the community and before the society.

2. Methodology

2.1 Research Design

The present study was qualitative in approach, because it included an interpretative approach to the subject of study in relation to their natural environments, giving meaning or interpretation to the phenomena based on real events. (De Souza Minayo 2003; De Souza Minayo 2010)

The protocol describes a qualitative exploration with an ethnomethodological design, as it aids in the understanding of the ways in which members of the collective create reality and maintain order and intelligibility through the people who perform (Lamnek & Krell, 2016). The aim of ethnomethodology seeks to explain the behavior and actions of people in a given context and to interpret the meanings of that behavior. The holistic and contextual nature of this methodology facilitates the analysis of student discourse in the institutional context (Flick et al., 2019; Monticelli et al., 2008).

The approach was ethnomethodological, because it promotes the situation of the intercultural environment as people live, act, talk, listen and perceive it, studying cultural activities and practical

circumstances as objects of empirical study based on Harold Garfinkel's postulates. (Garfinkel, 2006).

Also, it was of dialectical approach, because it provides the circumstances for communication, interaction and discussion of truth through exposition and confrontation of reasoning and argumentation in parallel. (Lora, 2000, Bautista, 2011; Useche, Artigas, Queipo, & Perozo, 2019)

For the sampling strategy, the power of adequate information was considered. (Malterud et al., 2016). Semi-structured interview techniques were used, which allowed to collect information by introducing additional questions (Moscoso & Díaz, 2017). The participants' statements were recorded through the Google Meet platform with camera activated, under informed consent. The interviews lasted one hour, per person; all aspects observed were recorded and noted, such as socio-cultural events, facial expressions and phrases used in the dialogue (Moscoso & Díaz, 2017).

Of the first group, 05 nurses were considered to be teaching nurses in a university and 10 nurses who were in the care role in hospitals and health centers or posts; of these, 3 were men and 12 were women. Of the second group, 06 participants were considered hospitalized, 03 who attended care appointments at health posts or centers and 02 from the community with experience of hospitalization and nursing care. Of these, 6 participants were male and 5 were female. Of the participants, 04 family members were taken into account as witnesses to the intercultural interaction between the nurse-patient.

From the identification of the nomenclature of the interviews, the first group was named to the summaries of the interviews through a set of letters and numbers. The first letter indicates the group to which it belongs "E" Nursing, the second letter indicates the function performed "D" Teaching and "A" Assistance, and finally the numbers indicate the participant's order number.

Similarly, in the second group, the first three letters indicate the group to which you belong "PAC" Patient and "FAM" Family; and the numbers indicate the participant's order number.

The participants were 15 nursing professionals recruited using a purposive sampling, who work in the health care and teaching areas, in rural, Andean, and native cultural environment, in addition to having professional experience of at least two years and having completed undergraduate studies in universities located within the cultural region. Also, 11 patients-families attended in hospital and community health establishments participated. The sampling used in the research was non-probabilistic, purposive, because the selected groups gathered lived experiences and knowledge of the health-disease process in contexts of cultural diversity, such as the treatment or care of health from scientific and traditional definitions. The first group was chosen, made up of nursing professionals teaching in a university with coverage of students from cultural areas, nursing professionals with more than one year of work experience in hospitals in Andean, native and rural areas; the second group consisted of patients from these same areas, hospitalized or with experience of hospitalization for more than 15 days; also, the relatives who were part of these cultural experiences were taken into account as witnesses of the interaction process between the nurse and the patient.

2.2 Data analysis

For data analysis, the GLATER model was used, a model that after transcription of the interview allowed the first phase through the creation and designation of data codes, in the second phase the description was developed with the words used by the informants, in the third phase the categories emerged from the information collected, and the fourth phase was the interpretation, through a construction with theoretical approach on intercultural training in nursing graduates and its implications in times of social transformation (Gonzales de Flores & Hernández, 2011).

Ethical considerations and scientific rigor for the nursing professional and the patient-family, were of autonomy, credibility, and transferability.

2.3 Scientific rigor

Methodological rigor and validity were ensured, three experts in qualitative thematic analysis evaluated compliance with the guidelines to ensure reliability. Transcripts were reviewed and coded to ensure credibility and reliability without violating what was stated by the study subjects and to be considered for new knowledge in a cross-cultural context. In addition, flexibility was examined through a consensus report that allowed us to explore the relationships between the interview and subject matter.

2.4 Ethical considerations

The study was approved by the ethics committee of a Peruvian university with code (2022-CEUPeU-029), following the provisions of the Helsinki declaration. Voluntary participation was respected, and data confidentiality was guaranteed. In addition, participants were asked to accept informed consent prior to the interview, which indicated voluntary participation and indicated that it could be withdrawn at any time. Likewise, the principles of beneficence and maleficence were considered for the protection of privacy and confidentiality of the information provided by each participant through anonymity by assigning codes, of justice for the equal treatment of all participants, and of the right to be treated equally (Martins, 2017; Noreña et al., 2012).

3. Results and Discussion

A total of 5 nursing teachers and 10 graduate nurses who practice in the healthcare area participated, whose ages ranged from 22 to 60 (M=36, DS=11.28). Most of the nurses were women (80%) (Table 1). Their work experience was an average of 11 years (DS= 9.72). Likewise, 7 patients and 4 relatives of the patients whose ages ranged between 27 and 63 years (M=38, DS=10.86) and the majority were male (54.5%) (Table 2) participated.

Table 1. Characteristics of the nursing professional.

Code	Age	Gender	Work experience in years	Workplace
D1	60	Female	34	National University
D2	57	Female	29	National University
D3	37	Female	11	National University
D4	33	Male	09	National University
D5	34	Male	10	National University
E1	27	Female	4	Hospital setting - Pediatrics
E2	38	Male	11	Hospital setting - emergency
E3	40	Female	14	Hospital environment - Medicine
E4	37	Female	13	Health Strategy - Health Center
E5	38	Female	12	Health Strategy - Health Center
E6	36	Female	13	Hospital setting - Oncology
E7	24	Female	1	Health Strategy - Health Center
E8	23	Female	1	Health Strategy - Health Center
E9	24	Female	1	Health Strategy - Health Post
E10	22	Female	1	Hospital environment - Medicine

Note: D= Teacher, E= Graduate.

Table 2. Characteristics of the patient and/or family

Code	Age	Gender	Health strategy
P1	38	Female	Hospital environment - Maternal and Child
P2	45	Male	Hospital environment - Medicine
P3	34	Male	Hospital setting - Surgery
P4	52	Female	Health Strategy - Health Center
P5	31	Male	Health Strategy - Health Center
P6	28	Female	Community
P7	42	Male	Community
F1	43	Female	Hospital environment - Medicine
F2	63	Male	Hospital environment - Medicine
F3	34	Male	Hospital setting - Surgery
F4	27	Female	Health Strategy - Health Post

Note: P= Patient, F= Relative

3.1 Categories and subcategories of intercultural training

The following categories and subcategories emerged from the findings according to the testimonies expressed from the expectations of the nursing professionals, teachers and patient-family members in relation to the intercultural approach in times of social transformation (Table 1).

Table 3. Categories and subcategories of intercultural training.

Categories	Subcategories
1. To promote intercultural training in nursing graduates.	1.1. University context
	1.2. Cultural competences
	1.3. Experiences of cultural care
2. To strengthen the social role of the nursing graduate.	2.1. Development of Interculturality
	2.2. Intercultural interaction skills
	2.3. To implement strategies to bring about change and promote health care
	2.4. Valuation of cultural patterns
	2.5. To implement strategies to bring about change and promote health care
3. Positive and negative aspects in the development of the social role in the nursing graduate.	3.1. Aspects that favour the social role
	3.2. Obstacles that affect the social role
4. Implementation of the intercultural formation in the nursing graduate.	4.1. Proposals for Empowering the Social Role
	4.2. Development of intercultural competence

Authors should discuss the results and how they can be interpreted from the perspective of previous studies and of the working hypotheses. The findings and their implications should be discussed in the broadest context possible. Future research directions may also be highlighted.

3.2 Category I: Potentiate intercultural training in nursing graduates.

Potentiate intercultural training in nursing graduates, is considered that professional training requires the construction of a new professional vision, in which the care provided breaks with the fragmented and disease-centered biomedical teaching (Monteiro E, Azevedo I, Veríssimo A, Silva A, Dourado C, 2017). Thus, expressions are detailed in three subcategories:

3.2.1 Subcategory I: University context

It is necessary to remember the role of universities according to the World Conference on Higher Education (WCHE), which should assume the social leadership in generating knowledge that responds to the challenges of intercultural scope and to rethink the epistemic foundations of civilization. According to educational policies, universities assimilate westernized contents; however, from a critical approach, the conventional and binarist educational system is questioned in favor of an integral educational system that responds to cultural diversity (Centro de Perfeccionamiento, 2018).

Hence, the testimony of a teaching and care nurse is described in the following paragraph:

"The characteristics of the social environment of the university allow for intercultural training in health care, because they obtain knowledge from the communities themselves". (ED4).

"Nurses who are from other places, do not understand the customs of the patients of the cultural zone, do not understand what the patient wants or tries to transmit, generating a conflict in the attempt to satisfy a health need". (EA9).

In addition, interculturality in the university allows for the inclusion and incorporation of tolerance among university students as an added value to the curriculum (Aikman, 2012; Ministerio de Educación [MINEDU], 2017) as described in the testimony of a nurse teacher:

"The intercultural training has an inclusive approach, the teaching is provided respecting their own cultural characteristics, the same with patients and communities during the interaction". (ED7).

Also, the interaction between students coming from different cultures, enhances the ability of learning through lived experiences (Barrios J, Barreto C, 2016; Gunther D, Cortés M, 2019); how it is described in the testimony of an assistive nurse:

"The university welcomes students from diverse cultural regions, giving rise to a knowledge prior to training in health care. This knowledge is oriented and trained to identify the role and functions of nursing in the traditions and customs of each culture". (EA5).

It is necessary to mention that the education system as an integral system, responds to cultural diversity, in order to interweave ancestral and modern knowledge and learning to what it calls the dialogue of knowledge between diverse rationalities and cultures, which will allow to understand different realities (Maurial M, 2021; Penalva A, 2019).

3.2.2 Subcategory II: Cultural competencies

Information of people from different cultures is taken into account by the interdisciplinary anthropological, sociology, and psychology, to be of orientation to professional care in an adequate, integral and convenient way (Alligood, 2015; Tapia W, 2018) as described in the testimony of a care nurse:

"In patients who come from different cultures, more time is dedicated to health care, to overcome intercultural limitations in aspects such as tradition and beliefs and to know the ways of transmitting messages regarding basic needs; in the same way, communication and collaborative support from family members regarding the treatment for correct care". (EA3).

However, most of them are developed from systematic reviews, being little ethnographic material that nursing possesses as a basis for its knowledge about cultural diversity and the state of development of its practice (Carrasquilla & Pérez, 2018) as referred to in the following narrative from a care nurse:

"Nursing care is focused on the biomedical recovery of the patient and not on the intercultural side. Intercultural care is not included directly but is part of the recovery; this care is not planned, every situation or experience culturally lived with the patient is new and spontaneous, but with the guidance and orientation of a nurse who has more years of experience in intercultural care and treatment in the same area". (EA2).

It should be noted that during the development of competencies, nursing professionals encounter limitations to include health from an intercultural perspective, for this it requires assessing the state in which the care practice is, understanding the processes that support it and then raise a critical look aimed at intervening the factors that make care impossible from the scientific and humanistic parameters promoted by nursing (Maya & Cruz, 2018). During the development of professional competencies in health care practice, limitations are evident with patients with beliefs, customs and traditions of their own area with respect to the forms of health care, due to lack of sensitivity, lack of knowledge and cultural dialogue. To overcome and progressively improve these limitations, it is important to explore the registration of professional competencies from an intercultural approach and integrate cultural competencies relevant to health care, through direct experiences that allow greater participation, integration and adaptation of these traditional perspectives. In this way, to promote a humanistic and scientific cultural health care, without transgressing the cultural customs of each patient.

3.2.3 Subcategory III: Experiences of cultural care

Whose experiences have to do with the fusion of practice of the biomedical model and cultural practices such as traditional medicine; becoming relevant the formation of new perspectives for the patient and new concepts for the professional (Berchid-Martínez et al., 2017) as it is manifested in the testimonies of care nurses:

"The experiences that are shared are based on beliefs and customs of the cultural area, about the care or recovery of health, many of these actions are contrary to the scientific knowledge that as a professional is applied". (EA1).

"It is when traditional medicine and scientific medicine do not agree, then health care actions are directed respecting and valuing the traditions and cultural customs of each person, home and community about what should be done scientifically". (EA5).

It follows that while biomedical practice is considered within science, culture directly influences the process of health and disease; and these references are ignored during the attentions of care (Robert W. Putsch & Joyce, 1990; Rocca & Anjum, 2020). Therefore, interculturality is not taken into account as a variable that science should omit, but rather, scientific knowledge should go hand in hand with the different cultural realities (Baeta M, 2015; Gil & Solano, 2017a; Trinidad et al., 2013).

3.3 Category II: Strengthening the social role of the nursing graduate

This category is related to the incorporation into the functions of the nursing graduate, new cultural patterns found in each social group, which are used to maintain health, both physical and mental (Iheduru-Anderson et al., 2021). In this category, the following five subcategories are identified and described below:

3.3.1 Subcategory I: Development of Interculturality

These are spaces where nursing care is valued as a construct of the disciplinary role and action in interculturality (De Arco - Canoles, 2018; Narayan & Mallinson, 2021). For this reason, for the first two

levels of health care, the nursing professional must use intercultural skills, as mentioned in the following testimonies by a care and teaching nurse:

"There are patients who have a longer hospital stay with whom cultural interaction is continuous and patients who come to the clinic or topic where the stay is brief. In both cases, the aim is to know, identify and assess the culture of each patient so that the nurse's intervention is effective". (ED5).

"In the community, there are people who have learned to speak Spanish, they dress without their characteristic attire, but they maintain their own cultural customs at the level of health care, especially the healing traditions. These characteristics do not represent difficulties or limitations to achieve cultural integration, but they do, in the intention to change attitudes that are not favorable for health". (EA8).

Therefore, it is necessary to know that cultural awareness refers to the deliberate and cognitive process, in which the nursing professional becomes estimator and sensitive to the values, beliefs, lifestyles, practices, and problem-solving strategies approached from their own culture of the people (Núñez-Ramírez et al., 2015; Sisa C, 2019; Tapia W, 2018)

3.3.2 Subcategory II: Intercultural skills for interaction

Are developed through cultural experiences during the practice between health care providers and users (Aguilar-Peña, Tobar M, 2020). Hence, manifestations of a patient emerge:

"I had experiences with the nurses in relation to communication, I taught them my language "Quechua" to understand about my state of health; there was exchange of ideas and consideration regarding my beliefs". (PAC4).

From the description, it is inferred that communication as the basis of intercultural care, allows the nursing professional to be involved in the perception that culturally generates the patient about the alteration of their physical, biological and emotional well-being, in order to recognize the experience of the health - disease process (Aguilar-Peña, Tobar M, 2020; Guzmán-Rosas, 2016).

3.3.3 Subcategory III: Performance of cultural care

These skills are acquired through experience and time as posed by Patricia Benner, who was influenced by Dreyfus' model of skill acquisition and development and adapted it into five levels of competence: beginner, advanced beginner, competent, efficient and expert (Alligood, 2015; Escobar-Castellanos & Jara-Concha, 2019) as described in the following patient testimonials:

"The old nurses, they were very serious, not very talkative, but they had a lot of knowledge. The young nurses, they were very interactive, but sometimes they made mistakes in the procedures". (PAC5)

"The young nurses were supportive, very respectful of my Andean customs and I felt good and confident. (PAC7)

Of the manifestations in contrast to Benner's philosophy; young nurses are referred to as the advanced beginner nurse, because they still need back up in the clinical setting and help in prioritization (Hernández-Pérez, Hernández-Núñez, Molina-Borges, Hernández-Sánchez, 2020). Older nurses, are termed as advantaged, because nurses value the patient's circumstances as a whole, likewise they adopt reflective and intuitive attitudes of the patient's condition, (Alligood, 2015; Escobar-Castellanos & Jara-Concha, 2019; Izquierdo E, Martínez M, 2016).

3.4 Subcategory IV: Valuation of the cultural patterns

They are all the forms and expressions that characterize the nursing graduate and determine their acting, thinking and practice of care in people immersed to interculturality (Veliz-Rojas, Bianchetti-Saavedra, 2019) as it is described in the testimonies of the nursing assistants:

"I worked with three colleagues from different backgrounds and cultural backgrounds, each one was characterised by their own culture, in attitudes, bedside manner, communication skills and integration". (EA8).

"I was the director of a hospital, I was in charge of staff from different professions and cultures; nurses who were not from the area, they performed their duties to justify the day because they did not understand the cultural dynamics of the population". (EA5).

From the premise, we reflect on the existence of a great diversity in the field of health with its cultural differences whose aim is to offer care linked to the real needs of each social group, respecting the cultural diversity between the professional and the user (Castrillón, 2015; Torres J, Santos S, Arce V, 2021; Veliz-Rojas, Bianchetti-Saavedra, 2019).

3.5 Subcategory V: Implement strategies to generate changes and promote health care

It is necessary to mention the knowledge of the population groups regarding the management of health care, becoming one of the most important challenges to consider strategies for intercultural changes in health promotion and prevention (Macías et al., 2016) as described in the accounts of the care nurses:

"We work on raising awareness among the population, through community agents who bring you closer to people, generating benefits for professional recognition in society". (EA1).

"The use of interactive, dynamic and playful activities are effective methods or strategies to achieve changes in what should be done scientifically with respect to health care". (EA2).

Similarly, the image of the nursing professional and functionality of the uniform that represents their identity, are elements for the consideration and recognition as a sign of health in cultural populations (Fernandes et al., 2018; Limachi et al., 2017; Pucheu, 2018) as shown in the following manifestation by an assistential nurse:

"The correct bearing or presentation of the uniform, grants to the profession the recognition before the population, there are colleagues who do not respect the uniform using trousers or overalls of colors, it is where the population devalues or confuses the nursing professional". (EA4).

It is judged that a nurse who transmits confidence, security and knowledge, is related to self-image, self-esteem of their profession and is able to maintain the balance of the patient's perception with the nursing doing (Eroza-Solana, 2020; González-Aguilar, Vázquez-Cataño, Almazán-Tlalpan, Morales-Nieto, 2018).

3.6 Category III: Positive and negative aspects in the development of the social role in the nursing graduate

It is considered as the ability to solve problems in a timely and efficient manner, taking into account that there are multiple forms of traditional care and management to the access of the population (De Arco - Canoles, 2018). Thus, the following two sub-categories can be identified:

3.6.1 Subcategory I: Aspects that favor the social role

The nursing professional is capable of providing care from the different roles that he assumes in the health system and that affect the quality of life of a cultural society, anchored to the experiences of professional practice and the use of the theories and models of the discipline (Seguel et al., 2015) as the nurse manifests in the following paragraph:

"An advantage for health care is the baggage of experiences lived in urban areas, highlands or jungle during the pre-professional practices, internship and SERUMS, developing a basis for the performance and development in health care in intercultural places". (EA2).

Under these premises, Rachel Spector's "Cultural Heritage and Health Traditions Model" delves into the hereditary dimension of cultural diversity and the influence it exerts on care; it starts from the assumption of the importance of traditions in health care-related behaviors (Douglas & Purnell, 2018; Gil & Solano, 2017b; Navarro, 2015).

3.6.2 Subcategory II: Obstacles that affect the social role

There are barriers that limit the permanence of the nursing professional in the health services, such as demographic, climatic, socioeconomic factors, lack of knowledge of the language and cultural codes, scarce support networks, the administrative complexity and the lack of initiative or motivation for the professional academic reinforcement (Balado, L., Marina, 2018; Maya & Cruz, 2018) as described in the testimony of a nurse and family member:

"Most of the nursing graduates migrate to big cities for the opportunity of work and studies, few return to their places of origin". (EA6).

"It is important the participation of a nurse coming from each cultural zone, who is a participant of the customs, rural meetings, to achieve sensitivity to the needs of the patient and to conserve norms of coexistence with the patient". (FAM3).

Also, it is taken into account the subjects developed during the professional formation for the adequate development during the social practices that are experienced. (Fuentes, 2020) as it is manifested in the following testimonies of a nurse teacher:

"There is no subject of interculturality in relation to health care, but within the curriculum there are courses such as anthropology, national reality, traditional medicine and social projection, subjects that lead to this understanding of this type of population, in order to understand and integrate with populations of diverse cultures. (ED4).

From the paragraph, it is inferred that courses are included where it allows them to know the existence of these cultures (Veliz-Rojas, Bianchetti-Saavedra, 2019). The aim is to encourage the interest of students and seeks to promote that such knowledge is transversal in their studies (Gallard, 2019).

3.7 Category IV: Implementation of intercultural training in the nursing graduate

it addresses aspects such as the vocation and identity of the profession to exercise leadership, empowerment in an intercultural environment (Alligood, 2015; Siles J, Cibanal L, Vizcaya F, Gabaldón E, Domínguez J, Solano C, 2001). Also, it implies the learning of aptitudes like the empathy, the cultural sensibility and the reflection about their own cultural values (Veliz-Rojas, Bianchetti-Saavedra, 2019). Hence, the following two sub-categories emerge:

3.7.1 Subcategory I: Proposals to empower the role social

Through the strengthening of the intercultural competences acquired in the practice and the knowledge acquired by professionalization (Magallanes, 2015; Rodríguez & Rodríguez, 2014) as mentioned in the testimony of a care nurse:

"The implementation of a speciality in intercultural nursing care could allow an articulated work between nursing care, traditional cultural care and the effective well-being of the person, family and community" (EA6).

Other strategies are to provide professionals with internship options for populations in situations of vulnerability (Magallanes, 2015; Rodríguez & Rodríguez, 2014) as a nurse refers in the following testimony:

"Opportunities for study exchange between universities or internships should also be taken into account for the intercultural exchange of nurses between the regions of our country." (EA9)

In addition to the above, the inclusion of students and graduates belonging to indigenous peoples or regions with a migrant population in health programs is also proposed. (Campos et al., 2017; Veliz-Rojas, Bianchetti-Saavedra, 2019).

Likewise, transcultural nursing goes beyond knowledge and makes use of cultural nursing care knowledge to practice culturally congruent and responsive care (Alvear, J., Cachago, J., Peraza, 2021). Hence, the following testimony from a nurse educator emerges:

"Lehninger has given us great lessons to identify in a timely manner the problems that put health at risk and ensure that the person, family and community are the authors of their own care, while the nurse orients, accompanies or guides so that the binomial can take care of the health of the population" (ED2).

Lehninger advocates that, just as nursing is meaningful to patients and to nurses around the world transcultural nursing knowledge and competencies will be imperative to guide nurses' decisions and actions in such a way that good and effective outcomes can be achieved (Siles J, Cibanal L, Vizcaya F, Gabaldón E, Domínguez J, Solano C, 2001).

3.7.2 Sub Category II: Development of intercultural competence

In Campinha-Bacote and Purnell's "Model of cultural competence", they indicate that care should not be limited to knowledge of the person or cultural group; on the contrary, it allows an ethnographic approach favoring the understanding to health-illness situations (Alligood, 2015; Siles J, Cibanal L, Vizcaya F, Gabaldón E, Domínguez J, Solano C, 2001) as described in the following testimony of a nurse:

"Nursing is an authority in the health of the community, because in the middle of the multidisciplinary work, it has the capacity to generate knowledge and changes in the population, based on unique and own competences of the role, functions and scientific knowledge, applied in the clinical work, community and families" (EA10).

It is also necessary to mention that the profile of the nursing graduate has the characteristics that the current era imposes both the relationship with users, as well as their understanding, in order to consider cultural diversity as an element that favors nursing care interventions (Macías et al., 2016; Marrero, 2013) as it is mentioned in the following testimony of a nurse:

"The new professional profile, this with the new approaches, integrative, of complex, analytical and critical thinking; in such a way that the graduate can create community development programs, considering cultural aspects". (EA8).

This, will allow the consolidation of a holistic worldview of being, by students in their formative period and adequate performance in intercultural scenarios in their future professional practice (Escobar & Paravic-Klijn, 2017; Reina, 2018; Veliz-Rojas, Bianchetti-Saavedra, 2019), also to develop proposals with scientific basis, to develop new models of nursing care with respect to care according to the cultural pattern in different age groups and different ethnic groups.

In the subcategory "University Context" it would be important to discuss with studies and results about Universities with greater cultural diversity and if this impacts on the formation of Students in general and Nurses in particular.

According to educational policies, universities assimilate westernized contents; however, from the critical approach, the conventional and binarist educational system is questioned for an integral educational system that responds to cultural diversity. In Peru, four intercultural universities were created with the purpose of guaranteeing the preservation of the culture and mother tongue of the native Andean Amazonian peoples; however, the universities that train nursing professionals lack regulations that guide the link between the science of health care and ancestral knowledge, which are reflected in curricula, syllabuses and competencies that are far from the reality of the indigenous populations. This does not allow the adequate implementation of the graduate's profile and leads to a lack of knowledge of the social and cultural context of the patients.

However, the professional training of nurses in the field of health care allows us to appreciate the significance of intercultural dialogue, a factor that should necessarily be incorporated into the curriculum to achieve the transversalization of knowledge of social and effective components in an interrelation of different sociocultural environments and the consequent diversity of future professional scenarios in the health sciences. (Bada, 2021).

In the subcategory "cultural competencies" it would be important to explain what they are and what their advantages are in this context in order to enrich this analysis.

In the field of higher education training, intercultural competence includes cognitive, functional (application of knowledge), personal (behavior) and ethical components, so that the ability to know must be articulated in order to speak, dialogue and act appropriately in context. (UNESCO, 2013). And from the nurse's point of view, intercultural competence is a means to reduce health inequalities, promote equity, advance social justice and provide high quality care for all individuals and communities. (Wesp et al, 2018), generating benefits such as: improved access, through a greater number of patients seeking treatment; lower morbidity and mortality rates; increased adherence to treatment; increased patient-nurse trust; effective interaction between individuals and communities with nursing staff; and increased satisfaction with health care (Alizadeh & Chavan, 2016, Veliz-Rojas & Bianchetti-Saavedra, 2021).

Category II: Strengthening the social role of the nursing graduate needs to be better explained and related to the topic.

In nursing, the social role translates into the ability to apply disciplinary knowledge in the care of the person, family and community, the use of information and communication methods for assertive decision making in health care, managing resources (planning, organizing, executing and evaluating promotion and prevention activities) and providing health care with criteria of quality and cultural relevance.

From a sociological perspective, the professional role is perceived as the construction of a social image that is constituted during the interaction with the community, which outlines the nurse's identity according to the lived experience. In this context, it is pointed out that the image of the nurse is defined as a network of social representations involving concepts, statements and explanations about the development of his or her professional work in areas of cultural diversity.

3.8 *Limitations and strengths*

This first study is an approach on intercultural training in a context of Peruvian nurses, which allows to underline the novelty of the topic to be investigated. However, some limitations were presented,

such as the use of the interview as a technique that allows data collection analyzes the participant's discourse, but not their actual practice. In addition, the interviews were online and cannot replace face-to-face interactions, despite this it is a possible alternative (Iacono et al., 2016).

4. Conclusions

The findings obtained from the investigation, highlight preponderant elements to include in the formation of the nursing professionals from an intercultural context for the health care in the person, family and community.

There is a need to enhance intercultural training and strengthen the social role; the testimonies of the participants agree that the development and strengthening of the social role of the graduate begins with the inclusion of interculturalism in the curriculum as strategies to reinforce interaction, empathy and cultural humanization, in psychological, spiritual and physical-biological human care. At the same time, incorporate subjects that prepare learning resources of different languages, traditional medicine and global health.

In addition, the positive and negative aspects in the development of the social role; it is considered that the nursing graduate in an intercultural context, performs in the different levels of health care, respecting the cultural values of the patient and their ways of life. Likewise, they work hand in hand with the theoretical and practical scientific knowledge, without the cultural transgression of each area or region. Also, the implementation of intercultural training; where intercultural competencies, allow the empowerment of the nursing profession.

In summary, nursing care in an intercultural environment requires competencies and skills that must be developed during the student's academic training in order to promote the well-being and quality of the services provided by the professional at different levels of care.

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