

From Knowledge to Practice: Design, Implementation, and Evaluation of an Evidence-Based Educational Module to Increase Cultural Awareness in Nursing Students

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Abstract

Background: Educational programs for health-care providers increasingly implement culturally sensitive care. Clear methods for educating students in cultural awareness are still lacking. Research indicates that simply increasing knowledge on ethnicity, culture, or migration does not improve culturally sensitive behavior and can foster stereotypes. To overcome barriers like othering, a form of micro-racism, enhanced critical self-awareness is essential for health-care providers. **Aim:** A 4h module on culturally sensitive care was designed, implemented, and evaluated, with the aim of increasing nursing students' self-awareness about othering, racism, and exclusion in health care. **Methods:** This article describes (1) the content of the module, led by the Johari Window model and the needs and insights from nursing students and health-care providers, (2) implementation of the module, and (3) subsequent evaluation among 34 participants. **Results:** The survey findings were categorized into six themes: Understanding Differences and Prejudices, Applying Knowledge in the Context of Nursing Practice, Acquiring Insights through Interpersonal Engagement, Strengths of the Sessions, Weaknesses and Areas for Improvement, and Overall Impressions. The participants evaluated the module positively, identifying success factors (e.g., enhanced self-reported awareness of their own positionality) and working points (e.g., imbalance in interaction among students and time constraints). **Conclusion:** The study describes the design, implementation, and evaluation of a module that successfully increases nursing students' self-reported cultural competence and self-awareness, enhancing understanding of health-care inequalities and fostering open communication for more inclusive care.

Keywords

critical self-awareness, cultural competence, culturally sensitive care, health-care providers, Johari Window model, nursing education

Implications for Education, Practice, Research, and/or Policy

- Mere transfer of knowledge about different cultures or religious practices does not necessarily translate into more culturally sensitive actions by health-care providers; an overemphasis on cultural knowledge can inadvertently reinforce stereotypes, potentially leading to misinterpretations and miscommunication with patients.
- Health inequalities are often not discussed in training on culturally sensitive care; if mentioned, the discourse often lacks in-depth analysis of how whiteness and racism contribute to these inequalities.
- Participation in an evidence-based education module aimed to increase nursing students' awareness of othering, racism, and exclusion in society and in health care was associated with increased self-reported awareness and understanding of health-care inequalities.

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In the context of expanding global diversity, research highlights that patients from diverse ethnic and cultural backgrounds encounter significant health-care challenges (Chukwueke et al., 2022; Eneanya et al., 2022). Studies reveal disparities in medical care and differences in quality of health care that are based on race, ethnicity, and socioeconomic status, leading to unmet care needs (Chukwueke et al., 2022; Eneanya et al., 2022; Luiking et al., 2019). Racial, ethnic, and sociodemographic disparities contribute to delayed diagnoses and lower quality of chronic disease management; factors such as language barriers and a shortage of culturally competent health-care providers worsen these issues (Aylward et al., 2021; Nyante et al., 2022). Inadequate preventive care and limited health education can result in undetected health issues due to insufficient screenings and restricted access to culturally adapted education (Eneanya et al., 2022; Luiking et al., 2019). Health-care providers' insensitivity to cultural differences further compounds the problem, fostering discomfort, misunderstanding, and distrust among patients and negatively impacting their health-care experiences and treatment effectiveness (Berdai Chaouni, 2021; Wilson et al., 2022). To address these disparities and ensure appropriate care, this study's objective is to design, implement, and evaluate an evidence-based module that enhances culturally sensitive care of future health-care providers.

Culturally sensitive care involves acknowledging and incorporating diverse cultural beliefs, values, practices, and preferences into health-care delivery. Its aim is to enhance communication, understanding, and trust between health-care providers and patients and their families from different backgrounds (Chen et al., 2018). The concept of culturally sensitive care is closely linked with cultural competence, which encompasses key elements such as recognizing patient diversity, fostering self-awareness, acquiring cultural knowledge and skills, and demonstrating sensitivity to address cultural barriers (Shen, 2015). In order to provide culturally sensitive care, health-care providers must be knowledgeable about diverse cultures and possess awareness of their own cultural biases and preconceptions, critically reflecting on how these factors may influence their interactions with patients from different backgrounds, and overcoming barriers such as othering (i.e., the process of consciously or unconsciously perceiving and treating individuals or groups as fundamentally "other" from oneself, defining the "other" in an inferior way) (Berdai Chaouni et al., 2020; Claeys et al., 2023; Smallheer & Richard-Eaglin, 2024). Culturally sensitive care is linked to improved health outcomes and promotes patient adherence to treatment plans and trust in health-care providers, thereby enhancing patient satisfaction and ameliorating health disparities (Luiking et al., 2019).

While the importance of culturally sensitive care is widely recognized within health care, its actual implementation is challenging due to a number of complexities (Claeys et al.,

2021; Markey et al., 2018). Resource and time constraints, and heavy workloads, can restrict health-care providers' capacity to invest the necessary resources in tailoring care to individual needs, thereby hindering the delivery of culturally sensitive care (Luiking et al., 2019). Health-care providers struggle to implement culturally sensitive care in practice and are looking for more knowledge on this topic (Markey et al., 2018). Personal biases and unconscious stereotypes can pose significant barriers to culturally sensitive care. Even well-intentioned health-care providers may inadvertently hold biases that can affect their interactions with patients from different cultural backgrounds (Torres, 2006). Overcoming these challenges demands more attention to this topic in education and training programs for health-care providers (Bell, 2021).

A thorough evaluation of current training methods in culturally sensitive care indicates the inadequacy of existing programs (Almutairi et al., 2017; Tosun et al., 2021). Educational programs often emphasize two domains: the transfer of cultural knowledge and the acquisition of practical skills (Tosun et al., 2021). When courses focus on cultural competences, they primarily transfer knowledge about the cultural aspects of "other cultures," not recognizing the need for health-care providers' self-awareness (Almutairi et al., 2017; Carter & Phillips, 2021). Moreover, research shows that mere transfer of knowledge concerning different cultures or religious practices does not necessarily translate into more culturally sensitive actions by health-care providers (Markey et al., 2018; Powell, 2016). On the contrary, an overemphasis on cultural knowledge can inadvertently reinforce stereotypes, potentially leading to misinterpretations and miscommunication with patients (Berdai Chaouni, 2021). In terms of practical skills as well, there is a particular emphasis on specific habits and traditions, with which certain groups are stereotyped and culturalized (Almutairi et al., 2017; Carter & Phillips, 2021). The term *culturalizing* is often used in sociological or cultural contexts to critique the overemphasis on culture in behavior or identity, essentializing persons based on their presumed cultural image (Said, 2003). Health inequalities are often not discussed in training on culturally sensitive care; if mentioned, the discourse often lacks an in-depth analysis of how whiteness and racism are contributing factors to these inequalities (Ochs, 2023).

Therefore, the aim of this study was to design, implement, and evaluate an evidence-based module to increase the (self) awareness and culturally sensitive care of future health-care providers, more specifically nursing students. This intensive module (4 h) sought increasing self-reported self-awareness among nursing students regarding othering, racism, and exclusion in society and in health care. The aims of this study were: (a) to integrate knowledge and insights from research into an educational module, (b) to implement the module, (c) to evaluate it, and (d) to generate evidence on how to increase the self-awareness of future health-care providers.

Methods

A 4h educational module was implemented in a Bachelor's in nursing program at a university college in Brussels, Belgium. The analysis, design, development, implementation, and evaluation (ADDIE) model (Molenda, 2003) facilitates systematic navigation through each part of the developmental trajectory of the module, starting with an analysis of students' and lecturers' needs regarding culturally sensitive care and curriculum gaps. The module was then designed to increase awareness, followed by the actual development and creation of two sessions. Next, the implementation was discussed. And finally, the module was evaluated.

Analysis

Phase 1: Mapping Cultural Items in the Nursing Program Curriculum and Detecting Gaps. Simultaneously with the mapping of cultural items and identifying gaps, focus groups with students were conducted to explore their needs related to cultural competence. The curriculum was examined using the comprehensive 67-item self-administered Tool for Assessing Cultural Competence Training (TACCT) (Lie et al., 2006). This mapping process, conducted 2017–2018, involved translation and lecturer input, and brought to light previously overlooked cultural aspects in the curriculum, inspiring reflections on course improvement.

Phase 2: Analysis of the Needs of Health-Care Providers Regarding Culturally Sensitive Care. The objectives were to deepen understanding of how health-care providers conceptualize and implement culturally sensitive care, and to identify barriers and facilitators experienced by health-care providers when delivering such care in practice. Using data from eight focus group interviews (n = 46 individuals) and 15 individual in-depth interviews with professional and student health-care providers, two papers were written: "Culturally Sensitive Care: Definitions, Perceptions, and Practices of Health Care Professionals" (Claeys et al., 2021), and "Barriers and Facilitators in Providing Care for Patients with a Migration Background" (Claeys et al., 2023). Both studies provided valuable insights into providers' perceptions of culturally sensitive care, highlighting the concepts of awareness and othering, among other concepts.

Design

To achieve the goal of increasing awareness of and self-reflection about ethnic and cultural diversity in health care, the conceptual framework of the Johari Window was used (Luft & Ingham, 1961). The Johari Window consists of four quadrants: (1) the open area, or arena, containing information known to self and others, (2) the blind spot, containing information unknown to self but known to others, (3) the hidden area or façade, containing information known to self

but unknown to others, and (4) the unknown area, containing information unknown to self nor to others (see Figure 1).

The Johari Window offers a dynamic framework for enhancing self-awareness and introspection. This enhancement is achieved by expanding the open area or arena in three specific ways: through feedback and interactions (which reduce the blind spot and enlarge the open area), by deliberately engaging in new experiences (which reduces the unknown and increases the open area), and by sharing personal insights with others (which reduces the hidden area and expands the open area). Over the years, this framework has proven its effectiveness, including in the field of health-care education (South, 2007).

The educational module, structured to maximize effectiveness within a limited timeframe, consisted of two two-hour sessions and featured interactive elements such as group discussions, reflective exercises, and thought-provoking video clips. Table 1 provides a structured overview of the module, detailing the connection between each component and the Johari Window.

Development

The sessions contained crucial themes, exploring human behavior, othering, and implications of racism, discrimination, and privilege. Participants were encouraged to critically examine their own biases. To limit ideological or political discussions, topics were discussed in the health-care provider/patient context. The lecturer had thorough experience with the themes and was able to prepare the sessions and guide the group discussions.

After the first session of the module, the students completed an assignment in small groups:

- Watch an episode of a TV series and identify 3 to 5 examples of othering, discrimination, or exclusion (the lecturer suggested series that were available online or via streaming).
- Discuss these examples in your group and link them to your own personal experience.
- Make a short, recorded reflection (10–30 min) and send it to the lecturer via an electronic learning platform.

Implementation

The module was integrated into a "Specific Patient Needs" course in the second year of a Bachelor of Nursing (BN) program. The course focused on the needs that specific groups of patients may have. All 45 s year students in the BN program were invited to participate in the module; 34 students completed the module (a participation rate of 76%). Of these, 26 identified as female and 8 identified as male; all were between the ages of 19 and 23. The group was

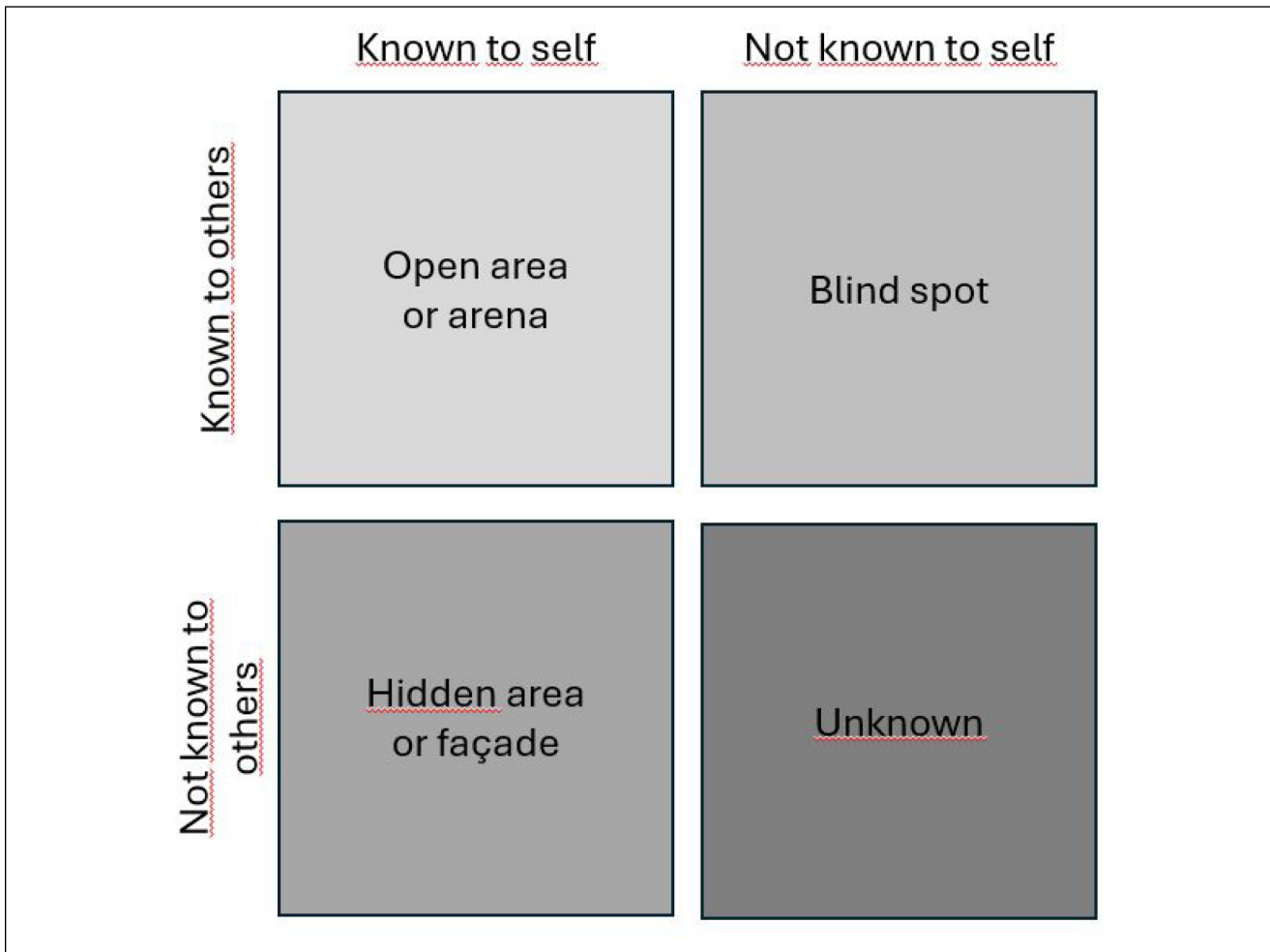


Figure 1. The Johari Window model. Source: Luft & Ingham, 1961. Public domain.

diverse in terms of ethnicity and cultural backgrounds. The implementation involved the use of video clips, material from written media, examples from students, group discussions, and exercises to facilitate learning and working methods.

Evaluation

Survey. Following the two interactive sessions, the participants were invited to take part in the evaluation process: an individual online survey was designed to capture their insights and experiences. The survey consisted of open-ended questions aiming to explore nuanced perspectives and reflections from the students. The questions were informed by relevant literature (Smith, 2018), and included these questions:

- Which part(s) of the module added value for you or gave you new insights?
- Do you feel that these sessions have made you more aware of certain topics (e.g., othering, discrimination, or exclusion)?

- How will you take this learning with you to your (nursing) practice?
- Which were the module's most important strengths?
- Which were the module's most important weaknesses? What did you miss in this module?
- Do you have other remarks or ideas that you would like to share?

Data from the survey was gathered immediately after the second session of the module to ensure that the participants' impressions and takeaways were still fresh in their minds. The students were informed verbally about the importance and purpose of the survey, which was easily accessed via a link on the school's electronic learning platform. To encourage participation, a friendly reminder was sent three days after the initial invitation. A total of 17 students completed the survey, a response rate of 50%.

Lecturer's Logbook. The lecturer for both sessions maintained a logbook throughout the duration of the module, recording observations both before and after each session. This logbook served as a valuable repository for capturing insights,

Table 1. Structured Overview of the Module.

	Analysis: Link with results from curriculum mapping and research	Design: Link with Johari Window model	Development: Content and structure of module	Implementation: Learning and working methods	Planning and time schedule
1	General introduction of first session, including practical agreements about respectful communication and interaction				10 min
2	Concept of culturally sensitive care	Reducing unknown area, enlarging open area	What is culturally sensitive care? Why is it problematic that people or groups are culturalized?	Video clips, material from written media (newspaper headlines)	First session 20 min
3	Concept of culturally sensitive care	Reducing blind spot, enlarging open area	Principle of “othering” as a barrier	Video clips, examples from students, group discussion	First session 40 min
4	Barriers to culturally sensitive care	Reducing hidden area, enlarging open area	“Othering” discussed more in detail, looking at who is “I” and who is “the other”	Exercises, video clips	First session 30 min
5	Closing first session and explaining assignment				20 min
6	Introduction of second session				20 min
7	Barriers to culturally sensitive care	Reducing blind spot and hidden area, enlarging open area	Prevailing implicit and explicit stereotypes and concepts such as whiteness, privilege, “color blindness”	Video clips, exercises, group discussion	Second session 40 min
8	Barriers to culturally sensitive care	Reducing unknown area, enlarging open area	What unconsciously underlies these mechanisms; the role of fear in maintaining “othering”	Exercises, group discussion	Second session 40 min
9	Closing second session				20 min

encompassing the experiences, concerns, and gaps identified during the sessions (Albano et al., 2021). Before each session, the lecturer used the logbook to outline expectations and objectives, providing a structured foundation for the module. By systematically examining the logbook entries, the lecturer was able to identify recurring concerns and gaps in content, delivery, or participant engagement. This process of continuous assessment and improvement enabled timely adjustments to the module. The logbook analysis served as a dynamic feedback mechanism that contributed to the program’s evolution and refinement, enhancing its impact on the participants.

Data Analysis

The experiences of the students collected in the survey, and the assignment were analyzed together with the experiences of the lecturer (collected in the logbook), using content analysis (Burnard et al., 2008). Data were coded using the qualitative data analysis software MAXQDA[®]. The construction of the coding tree was based on the questions in the survey. Following the initial coding process, the authors engaged in discussions to refine and deepen the understanding of the coded data. This iterative analysis was then followed by two subsequent rounds of analysis, facilitating a comprehensive and nuanced exploration of the students’ and lecturer’s experiences and perspectives. All authors possess a thorough understanding of qualitative research methods and content analysis, and all are lecturers in health care or research programs.

Ethical Considerations

This study is part of the larger Diverse Elderly Care research project, which examines culturally sensitive dementia care for migrants in Brussels, Belgium from the perspectives of patients, family carers, and health-care providers. Ethics approval was granted by the Ethics Committee of the University Hospital of Brussels (CE 2016-105). Participation was voluntary, and the students had the right to refuse participation without compromising their student status or grades. Completion of the survey was considered evidence of consent. Not completing the assignment did not negatively impact the students’ rating for the course.

Results

This section provides a detailed description of the findings following the module’s implementation. It presents the results of the students’ survey responses and their assignments, and shares insights learned from the lecturer’s experiences based on the logbook.

Themes From Survey Results

The survey responses were categorized into six themes: Understanding Differences and Prejudices, Applying Knowledge in the Context of Nursing Practice, Acquiring Insights through Interpersonal Engagement, Strengths of the Sessions, Weaknesses and Areas for Improvement, and Overall Impressions.

Understanding Differences and Prejudices. The students reported learned from both sessions that everyone is different, and that sometimes prejudices are expressed without being aware. The students also indicated that they learned new terminology and now have a better understanding of the mechanisms behind racism and discrimination. One student stated: “I learned new terms and also saw how racism and discrimination work.” Moreover, they reported learning about the concept of othering, and that there are different ways of expressing racism.

Acquiring Insights Through Interpersonal Engagement. The students indicated that they learned mainly from interactions with and the opinions and experiences of their fellow students. One student stated: “When you hear from other students... how they are disadvantaged. I was not aware of this.” They reported learning that culturalizing (i.e., overemphasizing someone’s cultural background) is not desirable because it puts too much focus solely on the cultural aspects of one’s identity. They also learned that some questions, even though they are well-intentioned, can come across as inappropriate to some people because people are not aware of what these questions mean (e.g., the question “Where are you from?” can imply otherness and reinforce exclusion based on the perceived or assumed origin of “the other”). Some students indicated that they were already aware of some of the themes explored in the module to some extent, but that these sessions provide a deepening of existing knowledge and awareness.

In particular, the videos and video fragments provided added value and new insights. For some students, both entire sessions—including the explanations, examples, video fragments, and exercises—were of added value. The fact that the students had to formulate their own opinions and listen to the opinions of others also led to new insights. One student explained, “It was good that our opinions as students were asked for and listened to.”

Applying Knowledge in the Context of Nursing Practice. In response to the question about how the students would take the content of these sessions into their nursing practice, the students replied that they understand from these sessions that, due to the context of health care and through the relationship of health-care provider and patient, inequality is sometimes more pronounced than in other situations. The students wanted to treat every care recipient in a respectful manner and want to consider the patients’ needs. As formulated by one student: “Everyone must be approached in a respectful manner and the needs of the patient must be taken into account.” They realized that every patient is different and deserves an appropriate individualized approach. Some students expressed a desire to increase their awareness of their own biases that could impact their nursing practice. They acknowledged acting shy and low-profile at times

during patient contact, and they expressed a goal to overcome this by engaging more with individuals from diverse cultures during their internships. They aimed to be more intentional in their actions during internships and wanted to enhance their overall awareness in daily life regarding their thoughts about people who are different from them.

Strengths of the Sessions. The students experienced several strengths of these sessions. A primary strength was the diverse class group in terms of culture, ethnicity, and gender, because this diversity generated different opinions on the different themes during the interactive moments. Students also considered a strength that their opinions were sought and that everyone was allowed to express their opinion and could also provide examples. The openness and honest atmosphere experienced during the sessions, and the fact that the discussions were conducted in a nonhurtful way, was also considered a strength. An example cited was the exercise on privileges because it stimulated the students to think about their own situation and privileges. Some examples from the sessions were also affirmative for some students in showing that they are already doing certain things well.

Weaknesses and Areas for Improvement. Some students found it disturbing that they brought a lot of input to the sessions, but other students contributed little to the lesson. Some students also felt that there was too little interaction with some topics and that the exercise on privileges could be discussed even more extensively. Themes that were not discussed broadly concerned various forms of discrimination, such as sexism. Students also indicated that other current issues could also be addressed, such as gender equality and LGBTQ+ related aspects.

Overall Impressions. Most students answered positively when asked whether these sessions had made them more aware of topics such as othering, discrimination, and inequalities. The students reported that through these sessions they became more aware of a number of issues, including the fact that (in society) racist remarks are very often made unknowingly and unintentionally. Some students indicated that they were already aware of those topics, either due to their own experiences or because their parents had already taught them about existing inequalities. Notwithstanding, some students indicated that, although they were already aware, they found it interesting to talk about these topics with others and in the context of health care.

Reflections From the Videos

Most students reflected positively in their assignment about whether these sessions and the assignment had made them more aware of topics such as othering, discrimination, or inequalities. The students reported that through these

sessions they became more aware of a number of issues, including the fact that (in society) racist remarks are very often made unknowingly and unintentionally. Sometimes these comments are also made consciously and deliberately in society. One student noted, making the connection between the assignment, social debates, and the content of the module, “This [example from the series in the assignment] and other discriminatory language from power figures (such as, e.g., referring to Mexicans as drug dealers) contributes to the normalization of othering and the exclusion of certain groups of people.”

Data From the Lecturer’s Logbook

Awareness of One’s Own Feelings. Self-awareness during the sessions was a crucial aspect. The lecturer acknowledged her own background, characterized by a lack of migration history and being white in the context of the module’s themes, which encompassed subjects like othering, racism, and discrimination. Initially, this self-awareness initiated feelings of fear and extreme caution within the lecturer, resulting in an increased focus on the choice of words throughout the sessions. The lecturer addressed these emotions with the group, emphasizing that, while the lecturer lacked personal experiences of racism or discrimination, these themes were shared narratives of our current society in which everyone plays a role. Students reported mention of the lecturer’s positionality as a positive, and said it was beneficial to the group’s safety and openness that this was stated at the start of the module.

Throughout the sessions, the lecturer remained conscious of the challenging task of navigating the various roles while discussing a sensitive topic: providing explanations, offering examples, and facilitating exercises, all while also moderating group discussions and ensuring timely progress to successfully conclude the sessions within the designated timeframe. The Johari Window appeared to be a good format by which to give this content a structured form and teach it to students.

Interactions With the Group. The learning module constituted a part of the students’ course curriculum, which could have had an impact on student engagement and classroom interaction. The level of commitment and opportunities for interaction may be different among a group that enrolls voluntarily in an additional course. Conveying the message about othering, racism, and discrimination could be challenging for individuals who have not yet encountered these issues previously, either through personal experiences or conscious observation. It was an advantage for the lecturer to be familiar with the student group, in order to be able to respond to their reactions and interactions.

Practical Aspects of the Module. The available time for providing comprehensive content felt quite limited. Given the time

constraints and the division of the module into only two sessions, certain exercises had to be shortened, and some discussions had to be concluded prematurely. To facilitate group discussions, it may be better to deliver the module in a single uninterrupted session. Furthermore, the sessions were best delivered in a space that offered flexibility to move during the exercises. Considering the interactive nature of the module, it may be better to limit the group size to 30 students per session, with groups of 18 to 20 being preferable.

Discussion

The aim of the study was to design, implement, and evaluate an educational module on othering and racism, in order to increase nursing students’ self-reported (self)awareness and cultural competence.

Value and Limitations of the Educational Module

The module demonstrated strengths in enhancing student’s self-reported awareness and understanding of health-care disparities. It also promoted open and nonoffensive communication among students and increased the lecturer’s awareness of their positionality.

Identified areas for improvement included student interaction (i.e., some students participated more actively than others), time constraints limiting in-depth discussions, expanding the module’s content and duration, addressing challenges faced by the lecturer in managing multiple roles, and creating a safe space to share experiences of racism and exclusion.

Implementing the Educational Module on a Wider Scale

The educational module was implemented on a small scale within a single nursing program. We recommend expanding this module to a larger scale and incorporating it into different programs across various health-care disciplines (Hamed et al., 2022; Markey et al., 2019). The findings indicate that a culturally sensitive care module enhances self-reported awareness and self-awareness among nursing students. Introducing students in the topic of cultural competence provides opportunity for them to gain insights into their awareness and position as health-care providers, particularly when caring for patients with different ethnic and cultural backgrounds. Successful implementation will require well-trained lecturers, a well-framed module, and guided interaction during the sessions, with the Johari Window (Luft & Ingham, 1961) recommended as a suitable structure.

Increased awareness enables students to offer more tailored and empathetic care while challenging prejudices and biases. As nursing students encounter the complexities of

cultural competence, they become more aware of their own perspectives, enhancing sensitivity and respect for the patient (Jeffreys, 2016). The module enhanced self-reported awareness and raised self-reported empathy and inclusivity, which can contribute to improved patient satisfaction and overall health-care quality (Červený et al., 2022; Luiking et al., 2019). Looking ahead, the results from this implementation and evaluation will serve as a resource for its implementation on a broader scale, consolidating the strengths and addressing the identified limitations of the module to ensure its effectiveness in a wider context.

Integrating Cultural Awareness Into the Nursing Curriculum

This 4h module was promising, but in order to help nursing students develop deep cultural competence, such a module should be integrated into the nursing program as a comprehensive and ongoing part of the curriculum, not merely as a stand-alone module (Jeffreys, 2016). Therefore, all nursing lecturers must have cultural competence (Luukkonen et al., 2023), well trained and well supported in cultural competence to serve as role models for the students. They should encourage open dialogues on cultural issues, creating an environment where students feel comfortable discussing their own biases and learning from one another. Lecturers must understand that their own identities and (self) awareness have an influence on their teaching practices related to cultural competence (Bell, 2021; Matahela & van Rensburg, 2023). Moreover, a regular update of course materials is necessary to reflect best practices in culturally sensitive care and current research – for example, the current emphasis on culturally responsive care (Markey et al., 2023). Partnerships with local health-care organizations serving diverse populations can offer students opportunities for clinical placements that reinforce cultural awareness in a practical setting (Smith, 2018). Finally, research indicates that more attention to the relational aspect of the profession in simulation education can also lead to increased awareness among students (Knutsson et al., 2022).

Conclusions

This study describes the design, implementation, and evaluation of an educational module to increase nursing students' (self)awareness and cultural competence. The module has shown several notable strengths, such as improvement in the students' self-reported awareness and deeper understanding of health-care inequalities. In addition, the program proved effective in facilitating open and nonoffensive communication among students, while simultaneously increasing their self-reported awareness of their own positionality. The students' feedback indicated a strong desire to explore related themes, underlining the necessity for expanding the

module in terms of both content and duration. Another important consideration is the challenges faced by the lecturer in managing multiple roles during the sessions, highlighting the potential benefits of increasing the number of lecturers. Looking toward the future, the evidence derived from this implementation will serve as a key resource for refining the module and paving the way for its implementation on a broader scale.

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