ORIGINAL ARTICLE

Ethical and cultural competence of social- and health care educators from educational institutions – Cross-sectional study

Päivi Erkkilä MHSc, Head Nurse, Radiographer[1] | Miro Koskenranta MHSc, Doctoral Researcher[1] | Heli Kuivila MHSc, University-Teacher[1] | Ashlee Oikarainen PhD, Post-Doctoral Researcher[1] | Suleiman Kamau MESc, Lecturer[1,2] | Veera Kaarlela MHSc, Doctoral Researcher[1] | Kati Immonen MHSc, Principal Lecturer[1] | Minna Koskimäki PhD, Post-Doctoral Researcher[3,4] | Kristina Mikkonen PhD, Professor[1,5]

[1]Research Unit of Health Sciences and Technology, University of Oulu, Oulu, Finland

[2]Department of Social services and Health Care, Jyväskylä University of Applied Sciences, Jyväskylä, Finland

[3]Faculty of Social Sciences, Nursing Science/Health Sciences, Tampere University, Tampere, Finland

[4]Faculty of Social Sciences (SOC) FI-33014, Tampere University, Tampere, Finland

[5]Medical Research Center Oulu, Oulu University Hospital and University of Oulu, Oulu, Finland

Correspondence
Päivi Erkkilä, Research Unit of Nursing Science and Health Management, University of Oulu, Oulu, Finland.
Email: paivi.erkkila@pohde.fi

Abstract

Background: The international mobility has increased cultural diversity in social- and health care. As such, ethical and cultural competence is an essential skill among educators. They are promoting the ethical and cultural competence and professional growth of students with diverse backgrounds and, therefore, must be ethically and culturally competent.

Aim: The aim of the study was to identify distinct ethical and cultural competence profiles of social- and health care educators and explore the associated factors.

Research Design: A descriptive cross-sectional survey design was used to collect quantitative observational data in 2020–2021. Competence profiles were identified by K-means clustering based on answers to an instrument focussing on educators′ ethical and cultural competence.

Participants and Research Context: Participants ($N = 1179$, $n = 243$) were social- and health care educators based at 10 universities of applied sciences and 10 vocational colleges in Finland.

Ethical Considerations: The research adhered to good scientific practice. A research permit was received from each educational institution that participated in the study. The privacy of the participants was protected throughout the study.

Results: The analysis identified three profiles of educators (A, B, C) based on self-assessed ethical and cultural competence. Profile A educators demonstrated high scores across all three competence areas. Profile B educators had high scores for ethical knowledge and intermediate scores for other competence areas. Profile C educators demonstrated intermediate scores across all three competence areas. An educator's pedagogical education was found to significantly influence which profile they belonged to.

Conclusions: The educators generally evaluated their ethical and cultural competence highly. Educators understand the importance of professional ethics in their work, but they need additional support in developing ethics skills in their daily work. Among all educators, there is a need for developing international and culturally diverse collaboration.

KEYWORDS

cultural competence, cultural diversity, education, educator, ethical competence, social- and health care, student

INTRODUCTION

Globalisation significantly impacts health care and nursing [1] as it unites international borders, structures, and processes to improve overall patient care [2]. Moreover, the international mobility in the field of social- and health care has increased. [3–5] Along with increased cultural diversity, social- and health care educators, students and professionals must have sufficient ethical and cultural competence [2, 6]. The number of culturally and linguistically diverse (CALD) students has increased in the social- and health care field [7–9]. This means that social- and health care educators need to provide sufficient support to help CALD students develop the skills that are necessary for their profession [10, 11]. Educators should receive training that is relevant for interacting with CALD students so that they can effectively respond to their pedagogical needs [10]. The internationalisation of nursing and social- and health care education has also challenged the ethical competence of educators and the teaching of ethics. The content of ethics education must be relevant to students from a wide range of cultural backgrounds [12]. Cultural values and norms influence the way that both educators and students approach ethical dilemmas [12, 13]. A previous study of social- and health care educators' competence revealed cultural competence and the guidance of culturally diverse students to be the weakest competence area. These results highlighted that those educators must develop the competences needed to guide CALD students in their learning [14].

BACKGROUND

In Finland, social- and health care educators' qualifications are regulated by a decree to secure educators' competence [15]. Teacher training in health science gives the qualification to work as an educator in the social- and health care sector. Pedagogical education is one part of the studies and focus extensively on working as a social- and health care educator [14]. The qualification can be obtained by completing pedagogical studies in health sciences, educational sciences or vocational teacher training. In addition to the education, work experience in education is also required. [15, 16]

Ethical and cultural competence is one of many relevant competence areas for social- and health care educators [14]. Competence is influenced by an educator's education, expertise and experience; moreover, each educator should be able to assess their own competence [17]. An educator's ethical competence develops over time [18], and educators are responsible for assessing their own competence to identify areas which need improvement [19]. According to Numminen et al. [20], educators are aware that they need to monitor and develop their ethical competence throughout their careers. As such, the education of social- and health care educators should also focus on the development of ethical and cultural competence [8, 19]. According to Paric et al. [21], educators should receive training in cultural competence and how evidence-based methods can be used to strengthen students' cultural competence. Improving educators' cultural competence is important, as education increases educators' cultural awareness and skills [8].

In the context of social- and health care, ethical competence has been studied from both the perspectives of nursing [22, 23] and education [24, 25]. Teaching ethics is important for developing the ethical competence of social- and health care professionals; however, ethical competence is also based on an individual's personal experiences, knowledge, and communication [22]. Nurses make decisions related to ethical issues on a daily basis [23]; therefore, it is important that the teaching of ethics equips students to identify ethical problems and enables them to develop ethical competence through practice [25, 26]. Health care professionals face diverse ethical issues and – for this reason – require strong ethical competence to manage conflicts [22, 23].

The ethical competence of social- and health care educators includes ethical values and value base, ethical attitude, and personal dedication and ethical activities. It is reflected in their ability to promote equality, make ethically sustainable decisions and act in morally challenging situations [14, 22, 24]. Educators must have adequate skills to identify ethical problems in their work and then solve these issues [27]. Moreover, educators need to understand the importance of teaching ethics and be skilled at evaluating student learning [28]. Ethical competence also involves educators'

644 | *Scandinavian Journal of* **Caring Sciences**

ETHICAL AND CULTURAL COMPETENCE OF SOCIAL- AND HEALTH CARE EDUCATORS FROM
EDUCATIONAL INSTITUTIONS – CROSS-SECTIONAL STUDY

personal values and moral choices [24, 28], which influence their willingness to foster student learning and growth as a human being by discussing justice, respect and responsibility [24]. According to Salminen et al. [27], social- and health care educators consider fairness, equality and honesty to be the most important ethical principles in their work.

The ethical competence of social- and health care educators is directly associated with the development of students' ethical skills [24]. In the educator–student relationship, the educator acts as a role model and a mentor [18], a role which includes promoting the ethical competence and professional growth of students [18, 29]. In addition, educators should teach ethics using thorough and high-quality pedagogical methods to ensure students' professional competence development [30].

Cultural competence is an extensive concept, and sufficiently understanding this concept requires more than only knowing its definition [31]. This research considers cultural competence through the lens of Garneu's and Pepin's [32] constructivist definition, that is, cultural competence is a constantly evolving phenomenon. Moreover, cultural competence is based on critical thinking and actions that enable culturally safe, consistent and effective care [32]. Cultural competence is a process during which the educator continuously strives to effectively guide the student while considering the student's cultural background [33]. Simply understanding or being aware of other cultures does not mean that an educator has strong cultural competence [34]. Educators' cultural competence includes cultural sensitivity and security, intercultural communication and interaction, as well as cultural awareness and skills [14]. A culturally competent educator understands the differences between cultures and can create an open learning atmosphere [35].

Social- and health care educators have previously expressed that a multicultural environment encourages cultural awareness and skills [36]. In other words, teaching international students and working in a multicultural community allows educators to learn about different cultures and exchange perspectives. Personal experiences of cultural diversity, like living abroad, also enhance cultural competence [21]. Previous research has shown that it is important for each educator to understand their own cultural background and how it affects their teaching [11]; this awareness will strengthen an educator's professional development [37]. By identifying distinct ethical and cultural competence profiles of the educators, assigned continuing education can be developed to improve educators' ethical and cultural competence [8]. According to previous research, it is known that highly competent educators affect how students adopt the context of cultural diversity in their work [38].

METHODS

Study design

The presented research employed a descriptive cross-sectional survey design to collect quantitative observational data, which was part of a larger national project aiming to define social- and health care educators' competence. The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) Statement was used to guide the reporting of observational studies [39].

Aim

The aim of the study was to identify distinct ethical and cultural competence profiles of social- and health care educators and explore the associated factors.

Research questions:

1. How do social- and health care educators' self-assessed ethical and cultural competence levels cluster into profiles?
2. What factors are associated with those competence profiles of social- and health care educators?

Participants

Social- and health care educators from randomly selected 10 universities of applied sciences and 10 vocational colleges in Finland ($N = 1179$) were invited to participate in the study. The inclusion criterion for participation was that the educator worked at either a vocational colleague or university of applied sciences. The study sample size was estimated by conducting a power analysis that was previously described by Mikkonen et al. [14] More specifically, Cohen's D was used as the effect size, which was calculated using a two-tailed test with power established as $1 - \text{beta}$ error probability and significance set at $p < 0.05$. To reach a moderate effect size ($d = 0.5$), data would need to be collected from 200 participants, with the assumption that potential participants would show a response rate between 10 and 20%.

Instrument

An instrument of 20 items measuring educators' ethical and cultural competence was used to collect the data [14, 40]. The items were in Finnish and were scored using a four-point Likert scale (1-fully disagree; 2-disagree to

some extent; 3-agree to some extent and 4-fully agree). Exploratory factor analysis was conducted to test construct validity. The Kaiser-Meyer-Olkin test (0.905) and Bartlett test (2426.500 (df = 171, $p < 0.01$)) results demonstrated sufficient validity for the exploratory factor analysis with principal axis factoring [41]. The functionality of the factor model was assessed based on the calculated eigenvalues, which all exceeded one, while principle axis factoring was used for extraction. Promax rotation with Kaiser Normalisation was used to rotate the factor loading matrix [42]. The first factor," Cultural competence", had an eigenvalue of 7.88 and explained 41.5% of total variance. The second factor," Ethics skills", had an eigenvalue of 2.26 and explained 11.9% of total variance. The third factor," Ethics knowledge", had an eigenvalue of 1.10 and explained 5.8% of total variance [41]. Cronbach's alpha values were calculated to evaluate instrument reliability; the calculated alpha values ranged from 0.82 to 0.88, which demonstrates good reliability (Table 1) [43].

Data collection

Data were collected during the winter of 2020–2021 via a Webropol online survey. A contact person from each educational institution sent potential participants an invitation via email; these invitations were sent a total of three times, with reminders sent every second week. The survey included nine background questions and 20 items of an instrument. Background questions were about participants' age, gender, educational background and work experiences; and were chosen based on previous studies conducted on the topic [8, 14, 24].

Data analysis

The data were analysed using IBM SPSS (version 26; IBM Corporation). Descriptive statistics were calculated and reported as frequencies, means, standard deviation and percentages. Competence profiles were identified through K-means clustering using the participants' scores for different aspects of competence in ethics and culture [44]. This process revealed three distinct educator profiles. Competence levels were interpreted according to the meaning of the Likert scale; as low if the mean value was <2.49, as intermediate if the mean value was between 2.50 and 3.49, and as high if the mean value exceeded 3.50. Differences between the three profiles in terms of background variables were evaluated using one-way analysis of variance (ANOVA) and chi-square tests, as well as Kruskal–Wallis, Mann–Whitney and one-way ANOVA

tests with Bonferroni correction. The threshold for statistical significance was set as $p < 0.05$ [41].

Ethical issues

The study was carried out while adhering to good scientific practices [45]. A research permit was applied for at each participating educational institution according to the guidelines of Finnish ethical research. Approval from the ethics committee was not required because the participants were not in a vulnerable position and the study did not cause physical and/or psychological harm. [46, 47] Participation in the study was voluntary. Participants were informed about the aim and implementation of the study in a cover letter, and made aware that they could terminate their participation at any time. Answering the questionnaire was considered as informed consent to participate in the study. Participants' privacy was protected with password-secured data sets and access to data provided only to key researchers conducting analysis. Research results have been presented accordingly to profile outcomes and not by distinguishing each participant's background factors. Moreover, the data will be destroyed when they are no longer needed. [48, 49]

RESULTS

Educators' backgrounds

A total of 243 social- and health care educators responded to the survey with an overall response rate of 20.6%. Most of the participants were female (89.7%) and had achieved a university-level Master's degree (70.8%). The mean age among participants was 51.74 ± 8.67 years. Just under half of the participants had received teacher training in health sciences (45.3%), with a similar proportion having received vocational teacher training (44.4%). The participating educators had mean work experience of 13.64 ± 8.59 years. The participants worked as an educator in the health care (66.3%), social services (23.5%) and rehabilitation (5.8%) sectors. The background factors of educators belonging to the three distinct profiles are presented in Table 2.

Educator profiles

The three identified educator profiles significantly differed in terms of all three measured competence areas ($p < 0.001$) and the ethical and cultural competence of educators in different profiles are presented in Table 3. In profile A there

646

ETHICAL AND CULTURAL COMPETENCE OF SOCIAL- AND HEALTH CARE EDUCATORS FROM
EDUCATIONAL INSTITUTIONS – CROSS-SECTIONAL STUDY

TABLE 1 Results of the Exploratory Factor Analysis

Item	Factor 1	Factor 2	Factor 3
Factor 1 – Cultural competence			
I can guide learners from different cultures according to their learning needs.	0.852		
I can create a good mentoring relationship with learners from different cultures.	0.737		
I can promote internationality and multiculturalism in teaching.	0.728		
I can identify the need for additional support for learners from different cultures.	0.718		
I have the ability to resolve possible cultural misunderstandings in guidance or teaching.	0.687		
I can interact with learners from different cultures.	0.673		
I can ensure a culturally permissive environment for learners, clients/patients/rehabilitees and colleagues.	0.613		
I am not prejudiced against learners or colleagues from different cultures.	0.551		
I can develop international and multicultural cooperation with culturally diverse collaborative partners.	0.420		
I want to get to know the cultural background and practices of the learners.	0.344		
Factor 2 – Ethics skills			
I can identify ethical conflicts.		0.891	
I have reflected on ethical issues and formed my own ethical value base.		0.759	
I know the professional ethics of an educator.		0.607	
I evaluate and develop my teaching based on my ethical competence.		0.593	0.320
I can solve ethical conflicts.		0.477	
Factor 3 – Ethics knowledge			
I act as an ethical role model for students.			0.730
I teach and mentor learners based on ethical principles.			0.701
I apply my ethical competence in teaching and mentoring, and/or keeping the patient/client/ rehabilitees at the centre.			0.526
I can develop ethical practices in the work community.			0.349
Eigenvalue	7.88	2.26	1.10
Percentage of variance explained	41.5	11.9	5.8
Total percentage of factor model			59.2
Cronbach's alpha	0.88	0.85	0.82

Extraction method: Principal axis factoring with Promax rotation and Kaiser normalisation.

were 136 participants. Educators in profile A were the oldest in all profiles, with a mean age of 52.54 ± 8.3 years and had the most work experience in a field corresponding to their degree (mean 17.84 ± 9.45). Profile A also included the highest share of educators working in social services (28.7%). Half of the participants had received vocational teacher training (50.0%), while mean work experience as an educator among this profile was 13.94 ± 8.45 years. Profile A educators demonstrated high competence levels across all three competence areas;" Cultural competence" (mean 3.55 ± 0.29)," Ethics knowledge" (mean 3.82 ± 0.22) and in" Ethics skills" (mean 3.82 ± 0.19).

A total of 63 participants belonged in profile B, with a mean age of 51.78 ± 9.27 years. Profile B educators had the most work experience as educators (mean 14.50 ± 9.21 years) and had the highest share of educators

working in rehabilitation (7.9%). Over half had received teacher training in health sciences (50.8%). Profile B educators demonstrated high competence in "Ethics knowledge" (mean 3.57 ± 0.26) yet showed intermediate levels of competence in" Ethics skills" (mean 3.40 ± 0.35) and in "Cultural competence" (mean 2.90 ± 0.02).

There were a total of 44 participants, with a mean age of 49.23 ± 8.62 years in profile C. Educators in profile C were the youngest of all three profiles. Profile C educators had the least work experience both in a field corresponding to their degree (mean 14.25 ± 9.10) and as educators (mean 11.33 ± 7.81). This profile also included the highest proportion of educators holding doctoral degrees (13.9%). Just under half had received vocational teacher training (47.7%), while a similar proportion had received teacher training in health sciences (45.5%). Profile C educators

TABLE 2 Social- and health care educators' distribution among the identified competence profiles ($n = 243$)

Characteristics	Profile A ($n = 136$)	Profile B ($n = 63$)	Profile C ($n = 44$)	p-Value
Age, years (mean, SD)	52.54 (8.30)	51.78 (9.27)	49.23 (8.62)	0.088[a]
Gender, %				
Male	8.8	6.3	13.6	0.554[b]
Female	89.7	93.7	84.1	
Other/does not want to express	1.5	0.0	2.4	
Education, %				
Bachelor's degree (University of applied sciences)	1.5	1.6	0.0	0.967[b]
Master's degree (University of applied sciences)	14.0	9.5	15.9	
Master's degree (University)	70.6	74.6	65.9	
Doctoral degree (University)	11.0	11.1	13.6	
Other	2.9	3.2	4.5	
Teacher training (pedagogical education), %				
Vocational teacher training	50.0	30.2	47.7	**0.027**[b]
Teacher training in health sciences	42.6	50.8	45.5	
Teacher training in educational sciences	7.4	19.0	6.8	
Year of completion of highest degree (mean, SD)	2006 (8.87)	2007 (7.74)	2008 (8.07)	0.379[a]
Work experience in a field corresponding to the degree, years (mean, SD)	17.84 (9.45)	16.69 (8.64)	14.25 (9.10)	0.080[a]
Work experience as a teacher, years (mean, SD)	13.94 (8.45)	14.50 (9.21)	11.33 (7.81)	0.134[a]
Current job title, %				
Part-time teacher	0.0	1.6	2.3	0.160[b]
Full-time teacher	12.5	15.9	25.0	
Lecturer	76.5	74.9	61.4	
Head teacher (principal lecturer)	3.7	7.9	6.8	
Head of education	2.2	0.0	0.0	
Other	5.1	0.0	4.5	
Current field of work, %				
Social services	28.7	14.3	20.5	0.257[b]
Health care	60.3	73.0	75.0	
Rehabilitation	5.9	7.9	2.3	
Other	5.1	4.8	2.3	

Note: Statistical significance $p < 0.05$ (marked in bold).

Abbreviation: SD, standard deviation.

[a]One-way analysis of variance.

[b]Pearson Chi-square test.

demonstrated intermediate levels of competence across all three measured areas;" Cultural competence" (mean 2.78 ± 0.04)," Ethics knowledge" (mean 2.89 ± 0.37) and" Ethics skills" (mean 2.88 ± 0.26).

The educator profiles did not significantly differ in terms of any background variables other than *teacher training* (pedagogical education) ($p < 0.027$). Half of the profile A educators had received vocational teacher

training, while half of profile B educators had received teacher training in health sciences; profile B also had the highest share of educators who had received teacher training in educational sciences (19%). Profile C had roughly the same number of educators who had received vocational and/or health sciences teacher training.

There were similarities and differences in the profiles according to competence areas. In "Cultural

648

ETHICAL AND CULTURAL COMPETENCE OF SOCIAL- AND HEALTH CARE EDUCATORS FROM
EDUCATIONAL INSTITUTIONS – CROSS-SECTIONAL STUDY

Scandinavian Journal of Caring Sciences

TABLE 3 Ethical and cultural competence of social- and health care educators ($n = 243$)

Ethical and cultural competence	Profile A ($n = 136$) mean	SD	Profile B ($n = 63$) mean	SD	Profile C ($n = 44$) mean	SD	p-Value[a]
Cultural competence	**3.55**	**0.29**	**2.90**	**0.02**	**2.78**	**0.04**	**<0.001**
I can develop international and multicultural cooperation with culturally diverse collaborative partners.	3.01	0.83	2.29	0.79	2.27	0.78	
I can ensure a culturally permissive environment for learners, clients/patients/rehabilitees, and colleagues.	3.57	0.52	2.92	0.48	2.82	0.58	
I am not prejudiced against learners or colleagues from different cultures.	3.83	0.39	3.37	0.51	3.25	0.61	
I want to get to know the cultural background and practices of the learners.	3.85	0.39	3.37	0.70	3.09	0.60	
I can interact with students from different cultures.	3.79	0.41	3.27	0.57	3.05	0.64	
I can create a good mentoring relationship with learners from different cultures.	3.72	0.45	3.17	0.49	2.98	0.59	
I have the ability to resolve possible cultural misunderstandings in guidance or teaching.	3.41	0.55	2.70	0.55	2.64	0.68	
I can guide learners from different cultures according to their learning needs.	3.42	0.60	2.68	0.53	2.68	0.67	
I can identify the need for additional support for learners from different cultures.	3.41	0.57	2.57	0.58	2.32	0.63	
I can promote internationality and multiculturalism in teaching.	3.54	0.52	2.73	0.62	2.73	0.72	
Ethics knowledge	**3.82**	**0.22**	**3.57**	**0.26**	**2.89**	**0.37**	**<0.001**
I know the professional ethics of an educator.	3.95	0.22	3.90	0.29	3.16	0.56	
I have reflected on ethical issues and formed my own ethical value base.	3.88	0.32	3.70	0.49	2.84	0.60	
I can identify ethical conflicts.	3.87	0.34	3.60	0.52	2.95	0.48	
I can solve ethical conflicts.	3.59	0.49	3.16	0.48	2.77	0.42	
I evaluate and develop my teaching based on my ethical competence.	3.85	0.38	3.49	0.50	2.73	0.54	
Ethics Skills	**3.82**	**0.19**	**3.40**	**0.35**	**2.88**	**0.26**	**<0.001**
I teach and mentor learners based on the ethical principles of the educator.	3.97	0.17	3.52	0.56	2.89	0.38	
I consider ethical principles when working in different communities.	3.97	0.17	3.65	0.48	2.95	0.30	
I act as an ethical role model for learners.	3.85	0.39	3.41	0.52	2.89	0.30	
I apply my ethical competence in teaching and mentoring by keeping the patient/client/rehabilitees at the centre.	3.99	0.12	3.62	0.49	3.07	0.39	
I can develop ethical practices in the work community.	3.49	0.56	3.05	0.49	2.68	0.47	

Note: Mean = average score on a 4-point Likert scale (0–4). Low competence level: score <2.49; intermediate competence level: score between 2.50–3.49; high competence level: score >3.50.

Abbreviation: SD, Standard deviation.

[a]Kruskal–Wallis test, Mann–Whitney test, Bonferroni correction, One-way analysis of variance, Statistical significance $p < 0.05$ (marked in bold).

competence", all profiles rated the item *I can develop international and multicultural cooperation with culturally diverse collaborative partners* (profile A: mean 3.01 ± 0.83, profile B: mean 2.29 ± 0.79 and profile C: mean 2.27 ± 0.78) the lowest. Profile C rated the item *I am not prejudiced against learners or colleagues from different cultures* (mean 3.25 ± 0.61) the highest, while profiles A and B rated the item *I want to get to know the cultural background and practices of the learners* (profile A: mean 3.85 ± 0.39 and profile B: mean 3.37 ± 0.70) as highest.

In "Ethics knowledge", all profiles rated the item *I know the professional ethics of an educator* (profile A: mean 3.95 ± 0.22, profile B: mean 3.90 ± 0.29 and profile C: mean 3.16 ± 0.56) the highest. Profiles A and B rated the item *I can solve ethical conflicts* (profile A: mean 3.59 ± 0.49 and profile B: mean 3.16 ± 0.48) the lowest, while educators in profile C rated the item *I evaluate and develop my teaching based on my ethical competence* (mean 2.73 ± 0.54) the lowest.

In "Ethics skills", all profiles rated the item *I can develop ethical practices in the work community* (profile A: mean 3.49 ± 0.56, profile B: mean 3.05 ± 0.49 and profile C: mean 2.68 ± 0.47) the lowest. Profile B educators rated the item *I consider ethical principles when working in different communities* (mean 3.65 ± 0.48) the highest. While educators in profiles A and C rated the highest scores to the item *I apply my ethical competence in teaching and mentoring, keeping the patient/client/rehabilitees at the centre* (profile A: mean 3.99 ± 0.12 and profile C: mean 3.07 ± 0.39).

DISCUSSION

The aim of the study was to identify distinct ethical and cultural competence profiles of social- and health care educators and explore the factors associated with it. The performed analyses identified three distinct educator profiles, which demonstrated different scores on various aspects of ethical and cultural competence. Each profile demonstrated high scores of self-evaluations of their ethical and cultural competence. These results are encouraging, considering previous research, which found that educators felt that they need more cultural competence [14] and in the future, the importance of educators' cultural competence will be emphasised even more [28]. Although our results showed that educators' assessment of their competence was high, evaluating educators' ethical and cultural competence is also important in the future, as the critical assessment of one's competence strengthens professional development [18, 19, 50].

Only teacher training (pedagogical education) proved to be statistically significant from educators' background factors. In profile A, with the best competence

evaluation, half of the educators were from a vocational teacher training background. When comparing different teacher training in Finland, vocational education focuses on practical learning skills and has the least scientific background [14]. The outcome needs to be noted for higher education institutions, to improve their educational content when focusing on cultural and ethical teaching content. In previous research, it was shown that background of educator's age, education and work experience influenced their self-assessments of competence [51–54]. On the other hand, younger and/or less experienced educators report lower self-assessments of competence than their older, or more experienced, colleagues [52, 54].

According to the previous research, the high levels of competence among profile A educators and intermediate competence in profile C educators could explain by their age and work experience, even it was not statistically significant in our study. Work experience in educators' own field strengthens overall competence [53, 55], and work experience as an educator increases educators' self-assessment of their competence [54, 56, 57]. In the field of social services, as well as nursing, ethical and cultural competence is crucial, and daily work is guided by strong professional ethics that emphasise human dignity, human rights and social justice [58, 59]. Extensive work experience in a relevant field and strong experience in managing ethical issues may explain why profile A educators showed high levels of competence across all of the measured competence areas. Profile C educators had higher academic qualifications than educators from other profiles, which may have limited their work experience in their own field and as an educator. That could explain why educators in profile C evaluated their competence as lower than the other two profiles. Although educators holding a doctoral degree are experts in research and produce new knowledge to support clinical decision-making [51, 60], previous research has shown that the development of ethical and cultural competence also requires practical experience [24, 56, 61].

Educators across all three profiles gave the highest score to the same item in" Ethics knowledge" – *I know the professional ethics of an educator*. Although work experience and the type of teacher training differed among the educator profiles, educators in each profile felt that professional ethics is a key element of an educator's ethical knowledge. This result supports previous research, as social- and health care educators have previously emphasised the importance of professional ethics in their work [27, 52, 62]. According to Salminen et al., [52], knowledge of professional ethical principles strengthens an educator's ethical competence. In the work of a social- and health care educator, an educator's professional ethical principles are reflected, among other things, in their readiness to act

650

Scandinavian Journal of Caring Sciences

ETHICAL AND CULTURAL COMPETENCE OF SOCIAL- AND HEALTH CARE EDUCATORS FROM
EDUCATIONAL INSTITUTIONS – CROSS-SECTIONAL STUDY

in conflict situations and their ability to promote equity and inclusion in teaching [50, 63]. Educators play a major role in the development of students' ethical competence [26, 64]. This result is important, as ethical competence serves as the basis for patient care [22, 65, 66], an ethically competent educator is able to offer high-quality ethics teaching to future professionals on social- and health care.

Even the educators understand the importance of professional ethics in their work, in "Ethics skills" all three profiles provided the lowest score to the item *I can develop ethical practices in the work community*. Educators' ethical competence is focused on teaching ethics and how it's important to develop the ethical competence of social- and health care professionals [22, 27, 28]. According to previous research educators have skills to foster students' ethical competence and solve ethical issues related to teaching [28, 30], this finding shows that even the educators are ethically competent they can also need support to ethics skills in matters other than teaching.

Previous research has demonstrated the importance of international networks for social- and health care educators [28, 67–69], in our study, educators in each profile found this to be challenging. All three profiles provided the lowest score to the item *I can develop international and multicultural cooperation with culturally diverse collaborative partners* in "Cultural competence". International and multicultural cooperation is important for educators because it develops cultural competence [8]. Health care service provision and education have become increasingly internationalised and culturally diverse in recent years [2, 5] for this reason, cultural competence is relevant for social- and health care educators [8, 9]. Cultural diversity introduces different perspectives and new ways of thinking to both health care organisations and educational institutions [70, 71]. In the study of Kuivila et al. [28], health science teacher students brings out that the ability to act internationally is one of the most important areas of expertise for educators in the future. Even the educators in all profiles assess their cultural competence as either high or intermediate; it was still the weakest of all three competence areas in our study. The results confirms what has been suggested in previous research; more specifically, social- and health care educators need training both in basic and continuing education to support the development of their cultural competence [8, 21, 71, 72]. Our findings show that attention should be paid specially to international and culturally diverse collaboration.

LIMITATIONS

The reliability of the presented findings was weakened by the fact that the three identified competence profiles only showed statistically significant differences concerning *teacher training*. Power analysis prior to the study has been conducted and the sample size has been confirmed, despite of that, larger data could have helped to identify the statistical significance of factors associated with competence areas. We can claim that the results of the study represent the whole population of social- and health care educators in Finland because of the random selection of educational institutions. The instrument used in this study was based on relevant social- and health care educator's competence areas identified in a previous national project; therefore, the instrument was suitable for assessing the competence of social- and health care educators [14, 40]. The quality of the presented research was enhanced by using of The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) statement as a guideline for reporting observational results [39].

CONCLUSIONS

Ethical and cultural competence have become increasingly important for educators due to the internationalisation of the social and health care field. In our study, social- and health care educators provided generally positive assessments of their ethical and cultural competence. However, educators still need support to develop their cultural competence. Our findings show that educators understand the importance of professional ethics in their work, and that possessing this skill will translate to high-quality social- and health care education for future professionals. There is still some need to support educators in ethics skills concerning matters other than teaching. Our study also shows that educators, regardless of their educational background, should all be encouraged to take part in international and multicultural cooperation, as this type of interaction will enhance educators' experiences of multiculturalism and increase their cultural competence. In the future, it would be important to explore why educators find the development of international and multicultural cooperation to be challenging. The results of this study can be used both in basic and in the continuing education of social- and health care educators from all competence profiles to support the development of their ethical and cultural competence. The education could be aimed especially at international and culturally diverse collaboration. Differentiating the participants according to competence profiles can also be useful for the development of different educations to obtain the qualification of a social- and health care educator.

AUTHOR CONTRIBUTIONS

All authors have agreed on the order in which their names will be listed in the manuscript. Have made substantial

contributions to conception and design, or acquisition of data, or analysis and interpretation of the data: Conceived and designed the experiments: All authors. Performed the experiments: Miro Koskenranta, Heli Kuivila, Ashlee Oikarainen, Veera Kaarlela, Kati Immonen, Minna Koskimäki, Kristina Mikkonen. Analysed and interpreted the data: Päivi Erkkilä, Miro Koskenranta, Heli Kuivila, Kristina Mikkonen Been involved in drafting the manuscript or revising it critically for important intellectual content: All authors Given final approval of the version to be published. Each author should have participated sufficiently in the work to take public responsibility for appropriate portions of the content: All authors Agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: All authors.

CONFLICT OF INTEREST
The authors have no conflict of interests to declare.

DATA AVAILABILITY STATEMENT
All data generated during this study are included in this published article.

ORCID
Päivi Erkkilä https://orcid.org/0000-0003-4155-5304
Miro Koskenranta https://orcid.org/0000-0001-7842-2703
Suleiman Kamau https://orcid.org/0000-0003-0634-6013
Minna Koskimäki https://orcid.org/0000-0002-1568-1123
Kristina Mikkonen https://orcid.org/0000-0002-4355-3428

REFERENCES
1. Ergin E, Akin B. Globalization and its reflections for health and nursing. Int J Caring Sci. 2017;10(1):607–13.
2. Jones CB, Sherwood G. The globalization of the nursing workforce: pulling the pieces together. Nurs Outlook. 2014;62(1):59–63. https://doi.org/10.1016/j.outlook.2013.12.005
3. Cutcliffe JR, Bajkay R, Forster S, Small R, Travale R. Nurse migration in an increasingly interconnected world: the case for internationalization of regulation of nurses and nursing regulatory bodies. Arch Psychiatr Nurs. 2011;25(5):320–8. https://doi.org/10.1016/j.apnu.2011.03.006
4. Dywili S, Bonner A, O'Brien L. Why do nurses migrate?–a review of recent literature. J Nurs Manag. 2013;21(3):511–20. https://doi.org/10.1111/j.1365-2834.2011.01318.x
5. Garone A, Van de Craen P. The role of language skills and internationalization in nursing degree programmes: a literature review. Nurse Educ Today. 2017;49:140–4. https://doi.org/10.1016/j.nedt.2016.11.012
6. Alizadeh S, Chavan M. Cultural competence dimensions and outcomes: a systematic review of the literature. Health Social Care Comm. 2016;24(6):117–30. https://doi.org/10.1111/hsc.12293
7. Crawford T, Candlin S. A literature review of the language needs of nursing students who have English as a second/other language and the effectiveness of English language support programmes. Nurse Educ Pract. 2013;13(3):181–5. https://doi.org/10.1016/j.nepr.2012.09.008
8. Han R, Koskinen M, Mikkonen K, Sjogren T, Korpi H, Koivula M, et al. Social- and health care educators' cultural competence. Int J Caring Sci. 2020;13(3):1555–62. https://doi.org/10.1016/j.nedt.2020.104521
9. Labrague LJ, McEnroe-Petitte DM, D'Souza MS, Hammad KS, Hayudini JNA. Nursing faculty teaching characteristics as perceived by nursing students: an integrative review. Scand J Caring Sci. 2020;34(1):23–33. https://doi.org/10.1111/scs.12711
10. Robinson CC, Clardy P. It ain't what you say, it's how you say it: linguistic and cultural diversity in the classroom. J Cult Divers. 2011;18(3):101–10.
11. Billings DM, Kowalski K. Culturally and linguistically responsive teaching: part I. J Cont Educ Nurs. 2015;46(2):62–4. https://doi.org/10.3928/00220124-20150121-14
12. Caldvell ES, Lu H, Harding T. Encompassing multiple moral paradigms: a challenge for nursing educators. Nursing Ethics. 2010;17(2):189–99. https://doi.org/10.1177/0969733009355539
13. Boozaripour M, Abbaszadeh A, Shahriari M, Borhani F. Ethical values in nurse education perceived students and educators. Nurs Ethics. 2018;25(2):253–63. https://doi.org/10.1177/0969733017707009
14. Mikkonen K, Koivula M, Sjögren T, Korpi H, Koskinen C, Koskinen M, Kuivila H, Lähteenmäki ML, Koskimäki M, Mäki-Hakola H, Wallin O, Saaranen T, Sormunen M, Kokkonen KM, Kiikeri J, Salminen L, Ryhtä I, Elonen I, Kääriäinen M. Social-, health care, and rehabilitation educators' competence and continuous development (in Finnish). TerOpe-key government project. Acta Universitatis Ouluensis, University of Oulu, Finland. 2019. http://urn.fi/urn:isbn:9789526224794
15. Ministry of Education and Culture. Degree on Qualification Requirements for Teaching Staff 986/1998. 1998. https://finlex.fi/fi/laki/ajantasa/1998/19980986. Accessed 9 Sept 2022.
16. Government Decree on Universities of Applied Sciences 1129/2014. 2014. https://www.finlex.fi/en/laki/kaannokset/2014/en20141129.pdf. Accessed 9 Sept 2022.
17. Satoh M, Fujimura A, Sato N. Competency of academic nurse educators. SAGE Open Nurs. 2020;6:6. https://doi.org/10.1177/2377960820969389
18. Rosenkotter MM, Milstead JA. A code of ethics for nurse educator: revised. Nurs Ethics. 2010;17(1):137–9. https://doi.org/10.1177/0969733009350946
19. Salminen L, Rinne J, Stolt M, Leino-Kilpi H. Fairness and respect in nurse educators' work -nursing students' perceptions.

652 **Scandinavian Journal of Caring Sciences**

ETHICAL AND CULTURAL COMPETENCE OF SOCIAL- AND HEALTH CARE EDUCATORS FROM
EDUCATIONAL INSTITUTIONS – CROSS-SECTIONAL STUDY

Nurse Educ Pract. 2017;23:61–6. https://doi.org/10.1016/j.nepr.2017.02.008

20. Numminen O, Leino-Kilpi H, van der Arend A, Katajisto J. Comparison of nurse educators' and nursing students' descriptions of teaching codes of ethics. Nurs Ethics. 2011;18(5):710–24. https://doi.org/10.1177/0969733011408054

21. Paric M, Kaihlanen A, Heponiemi T, Czabanowska K. Nurse teacher's perceptions on teaching cultural competence to students in Finland: a descriptive qualitative study. Nurse Educ Today. 2021;99. https://doi.org/10.1016/j.nedt.2021.104787

22. Kulju K, Stolt M, Suhonen R, Leino-Kilpi H. Ethical competence: a concept analysis. Nurs Ethics. 2015;23(4):401–12. https://doi.org/10.1177/0969733014567025

23. Rainer J, Kraenzle Scneider J, Lorenz RA. Ethical dilemmas in nursing: a intergrative review. J Clin Nurs. 2018;27(19–20):3446–61. https://doi.org/10.1111/jocn.14542

24. Koskinen C, Koskinen M, Koivula M, Korpi H, Koskimäki M, Lähteenmäki ML, et al. Health and social care educators' ethical competence. Nurs Ethics. 2020;27(4):1115–26. https://doi.org/10.1177/0969733019871678

25. Megregian M, Low LK, Emeis C, de Vries R, Nieuwenhuijze M. "I'm sure we talked about it": midwives experiences of ethics education and ethical dilemmas, a qualitative study. Women Birth. 2020;33(6):519–26. https://doi.org/10.1016/j.wombi.2019.12.005

26. Aguilar-Rodríguez M, Kulju K, Hernández-Guillén D, Mármol-López MI, Querol-Giner F, Marques-Sule E. Physiotherapy students' experiences about ethical situations encountered in clinical practices. Int J Environ Res Public Health. 2021;18(16):8489. https://doi.org/10.3390/ijerph18168489

27. Salminen L, Stolt M, Metsämäki R, Rinne J, Kasen A, Leino-Kilpi H. Ethical principles in the work of nurse educator—a cross-sectional study. Nurse Educ Today. 2016;36:18–22. https://doi.org/10.1016/j.nedt.2015.07.001

28. Kuivila H, Mikkonen K, Sjögren T, Koivula M, Koskimäki M, Männistö M, et al. Health science student teachers' perceptions of teacher competence: a qualitative study. Nurse Educ Today. 2020;84:104210. https://doi.org/10.1016/j.nedt.2019.104210

29. McLeod-Sordjan R. Evaluating moral reasoning in nursing education. Nurs Ethics. 2013;21(4):473–83. https://doi.org/10.1177/0969733013505309

30. Hoskins K, Grady C, Ulrich CM. Ethics education in nursing: instruction for future generation of nurses. Online J Issues Nurs. 2018;23(1). https://doi.org/10.3912/OJIN.Vol23No01Man03

31. Young S, Guo KL. Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice. Health Care Manager. 2016;35(2):94–102. https://doi.org/10.1097/HCM.0000000000000100

32. Garneau AB, Pepin J. Cultural competence: a constructivist definition. J Transcult Nurs. 2015;26(1):9–15. https://doi.org/10.1177/1043659614541294

33. Campinha-Bacote J. A culturally conscious model of mentoring. Nurse Educ. 2010;35(3):130–5. https://doi.org/10.1097/NNE.0b013e3181d950bf

34. Wong C, Indiatsi J, Wong GK. ESL teacher candidates' perceptions of strengths and inadequacies of instructing culturally and linguistically diverse students: post clinical experience. J Cult Divers. 2016;23(2):57–64.

35. Hawala-Druy S, Hill MH. Interdisciplinary: cultural competency and culturally congruent education for millennials in health professions. Nurse Educ Today. 2012;32(7):772–8. https://doi.org/10.1016/j.nedt.2012.05.002

36. Antón-Solanas I, Huércanos-Esparza I, Hamam-Alcober N, Vanceulebroeck V, Dehaes S, Kalkan I, et al. Nursing lecturers' perception and experience of teaching cultural competence: a European qualitative study. Int J Environ Res Public Health. 2021;18(3):1–22. https://doi.org/10.3390/ijerph18031357

37. Ross B, Ta B, Grieve A. Placement educators' experiences and perspectives of supervising international social work students in Australia. Austr Social Work. 2019;72(2):188–205. https://doi.org/10.1080/0312407X.2018.1557230

38. Dupin C, Pinon M, Jaggi K, Teixera C, Sagne A, Delicado N. Public health nursing education viewed through the lens of superdiversity: a resource for global health. BMC Nursing. 2020;19(1):18. https://doi.org/10.1186/s12912-020-00411-3

39. von Elm E, Altman DG, Egger M, Pocock S. The strengthening the reporting of observational studies in epidemiology (STROBE) statement: guidelines for reporting observational studies. Ann Intern Med. 2007;147(8):573–7. https://doi.org/10.7326/0003-4819-147-8-200710160-00010

40. Mikkonen K, Kuivila H, Sjögren T, Korpi H, Koskinen C, Koskinen M, et al. Social, health care and rehabilitation educators' competence in professional education – empirical testing of a model. Health and Social Care in the Community. 2021;30. https://doi.org/10.1111/hsc.13414

41. Munro BH. Statistical methods for health care research. 5th ed. Philadelphia: Lippincott Williams & Wilkins; 2005.

42. Williams B, Brown T, Onsman A. Exploratory factor analysis: a five-step guide for novices. Australas J Paramedicine. 2012;8(3):1–12. https://doi.org/10.33151/ajp.8.3.93

43. Rattray J, Jones MC. Essential elements of questionnaire design and development. J Clin Nurs. 2007;16(2):234–43. https://doi.org/10.1111/j.1365-2702.2006.01573.x

44. Rauf A, Saeed Mahfooz S, Khusro S, Javed H. Enhanced K-mean clustering algorithm to reduce number of iterations and time complexity. Middle East J Sci Res. 2012;12(7):959–63.

45. Finnish National Board on Research Integrity; Responsible conduct of research and procedures for handling allegations of misconduct in Finland. 2012. https://tenk.fi/sites/tenk.fi/files/HTK_ohje_2012.pdf. Accessed 23 Nov 2021.

46. Ministry of Social Affairs and Health; Medical Research Act 488/1999. 1999. https://finlex.fi/en/laki/kaannokset/1999/en19990488_20100794.pdf. Accessed 23 Nov 2021.

47. The World Medical Association. WMA declaration of Helsinki – ethical principles for medical Researc involving human subjects. JAMA. 2013; https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/. Accessed 9 Sept 2022.

48. European Union; GDPR 95/46/EC, general data protection regulation. 2018. https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX:32016R0679. Accessed 23 Nov 2021.

49. Finnish National Board on Research Integrity. The ethical principles of research with human participants and ethical review in the human sciences in Finland. 2019. https://tenk.fi/sites/default/files/2021-01/Ethical_review_in_human_sciences_2020.pdf. Accessed 23 Nov 2021.

50. Koskimäki M, Mikkonen K, Kääriäinen M, Lähteenmäki ML, Kaunonen M, Salminen L, et al. Development and testing of

the Educators' professional development scale (EduProDe) for the assessment of social and health care educators' continuing professional development. Nurse Educ Today. 2021;98:104657. https://doi.org/10.1016/j.nedt.2020.104657

51. Koivula M, Tarkka MT, Simonen M, Katajisto J, Salminen L. Research utilisation among nursing teachers in Finland: a national survey. Nurse Educ Today. 2011;31:24–30. https://doi.org/10.1016/j.nedt.2010.03.008

52. Salminen L, Metsämäki R, Numminen OH, Leino-Kilpi H. Nurse educators and professional ethics—ethical principles and their implementation from nurse educators' perspectives. Nurse Educ Today. 2013;33(2):133–7. https://doi.org/10.1016/j.nedt.2011.11.013

53. Mikkonen K, Ojala T, Sjögren T, Piirainen A, Koskinen C, Koskinen M, et al. Competence areas of health science teachers – a systematic review of quantitative studies. Nurse Educ Today. 2018;70:77–86. https://doi.org/10.1016/j.nedt.2018.08.017

54. Cayir A, Ulupinar S. The relationship among educational skills, general self-efficacy perceptions and performance in nursing instructors. Nurse Educ Today. 2021;107:105129. https://doi.org/10.1016/j.nedt.2021.105129

55. Salminen L, Stolt M, Koskinen S, Katajisto J, Leino-Kilpi H. The competence and the cooperation of nurse educators. Nurse Educ Today. 2013;33:1376–81. https://doi.org/10.1016/j.nedt.2012.09.008

56. Duffy R. Nurse to educator? Academic roles and the formation of personal academic identities. Nurse Educ Today. 2013;33(6):620–4. https://doi.org/10.1016/j.nedt.2012.07.020

57. Oprescu F, McAllister M, Duncan D, Jones C. Professional development needs of nurse educators: an Australian case study. Nurse Educ Pract. 2017;27:165–86. https://doi.org/10.1016/j.nepr.2017.07.004

58. Banks S. Critical commentary: social works ethics. Br J Social Work. 2008;38:1238–49. https://doi.org/10.1093/bjsw/bnc099

59. Martorana F, Rania N, Lagomarsino F. Which intercultural competences for teachers, educators, and social workers? A literature review. Int J Intercult Rel. 2021;85:92–103. https://doi.org/10.1016/j.ijintrel.2021.09.003

60. van Dongen L, Cardiff D, Kluijtmans M, Schoonhoven L, Hamers JPH, Shuurmans MJ, et al. Developing leadership in postdoctoral nurses: a longitudinal mixed-methods study. Nurs Outlook. 2021;69(4):550–64. https://doi.org/10.1016/j.outlook.2021.01.014

61. Hemberg J, Hemberg H. Ethical competence in a profession: healthcare professionals' views. Nurs Open. 2020;7(4):1249–59. https://doi.org/10.1002/nop2.501

62. Rikliene O, Karosas L, Kaseliene S. General and professional values of student nurses and nurse educators. J Adv Nurs. 2018;74(3):666–76. https://doi.org/10.1111/jan.13473

63. Harris C. Reasonable adjustments for everyone: exploring a paradigm change for nurse educators. Nurse Educ Pract. 2018;33:178–80. https://doi.org/10.1016/j.nepr.2018.08.009

64. Hudon A, Perreault K, Laliberté M, Desrochers P, Williams-Jones B, Ehrmann Feldman D, et al. Ethics teaching in rehabilitation: results of a pan-Canadian workshop with occupational and physical therapy educators. Disabil Rehab. 2015;38(22):2244–54. https://doi.org/10.3109/09638288.2015.1123308

65. Dierckx de Casterle B, Izumi S, Godfrey NS. Nurses' responses to ethical dilemmas in nursing practice: meta-analysis. J Adv Nurs. 2008;68(6):540–9. https://doi.org/10.1111/j.1365-2648.2008.04702.x

66. Parandeh A, Khaghanizadem M, Mohammadi E, Nouri JM. Factors influencing development of professional values among nursing students and instructors: a systematic review. Glob J Health Sci. 2014;7(2):284–93. https://doi.org/10.5539/gjhs.v7n2p284

67. Salminen L, Stolt M, Saarikoski M, Suikkala A, Vaartio H, Leino-Kilpi H. Future challenges for nursing education – a European perspective. Nurse Educ Today. 2010;30(3):233–8. https://doi.org/10.1016/j.nedt.2009.11.004

68. Enskär K, Johansson I, Ljusegren G, Widäng I. Lecturers' experiences of participating in an international exchange. Nurse Educ Today. 2011;31:541–6. https://doi.org/10.1016/j.nedt.2010.10.018

69. Wihlborga M, Fribergb EE, Rosec KM, Eastham L. Facilitating learning through an international virtual collaborative practice: a case study. Nurse Educ Today. 2018;61:3–8. https://doi.org/10.1016/j.nedt.2017.10.007

70. Truong M, Paradies Y, Priest N. Interventions to improve cultural competency in healthcare: a systematic review of reviews. BMC Health Serv Res. 2014;14(99). https://doi.org/10.1186/1472-6963-14-99

71. Gradellini C, Cómez-Cantarino S, Dominguez-Isabel P, Molina-Gallego B, Mecugni D, Ugarte-Currutxaga M. Cultural competence and cultural sensitivity education in university nursing courses. A scoping review. Front in Psychol. 2021;12:682920. https://doi.org/10.3389/fpsyg.2021.682920

72. Paija T, Koskinen S, Hupli M, Salminen L. Suomalaisten hoitotyön opettajien kulttuurinen kompetenssi (in Finnish). J of Nursing Science. 2019;31(4):246–57.