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Cancer care without borders
Promoting cultural competence in diverse oncology settings

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Ογκολογική φροντίδα χωρίς σύνορα: Η σημασία της πολιτισμικής επάρκειας σε πολυπολιτισμικά ογκολογικά περιβάλλοντα

Περίληψη στο τέλος του άρθρου

In an increasingly multicultural world, providing equitable and effective cancer care requires a deep understanding of cultural influences on health behaviors, beliefs, and interactions with healthcare systems. This paper explores the critical role of cultural competence in oncology, highlighting how factors such as nationality, ethnicity, religion, language, and family dynamics affect cancer diagnosis, treatment, and outcomes. Cultural perceptions of illness, stigma, communication styles, and pain expression can significantly influence how patients experience and respond to cancer care. Religious beliefs may shape attitudes toward suffering, medical interventions, and participation in screening programs. Language barriers pose a major challenge in oncology, affecting informed consent, adherence to treatment, and emotional well-being. Family roles also vary culturally, impacting communication, decision-making, and disclosure of diagnosis. Effective cancer care must integrate cultural awareness, sensitivity, and adaptive communication strategies. Models such as those proposed by Papadopoulos-Tilki-Taylor and Campinha-Bacote provide frameworks for developing cultural competence in healthcare professionals. This involves not only acquiring knowledge about different cultures but also cultivating self-awareness, challenging personal biases, and fostering cultural humility. By addressing cultural and linguistic barriers, oncology teams can enhance patient trust, reduce disparities, and deliver truly patient-centered care. Cultural competence is not a fixed skill but an evolving process, essential for improving cancer care in diverse populations and ensuring every patient receives respectful, appropriate, and effective support throughout their cancer journey.

Key words

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Religious beliefs
Transcultural nursing

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1. INTRODUCTION

Our era is anything but stagnant, as the changes around us are rapid and our world is constantly in motion. And although migration flows are not a current phenomenon, the intense demographic changes of recent decades, for various reasons, have made modern countries, in their majority, multinational and multicultural. According to the latest estimates of the United Nations International Organization for Migration, the number of international migrants in mid-2020 reached 281 million worldwide.[1]

In Greece, for example, the number of international migrants, according to the International Organization for Migration, amounted to 1.3 million in 2020, while according to the Ministry of Immigration and Asylum, in February 2023, the estimated number of legal immigrants reached 748,709. Of these, the largest immigrant community is Albanians, followed by Bulgarians, Ukrainians, Georgians and Romanians. Asian and African communities such as the Filipino, Vietnamese and Egyptian have been in Greece since the 1980s. More recent arrivals include Pakistanis, Bangladeshis, Iraqis, Syrians, Afghans (usually asylum seekers) and immigrants or asylum seekers from Sub-Saharan African countries.[2]

As of 2024, the global cancer burden continues to rise, driven by factors such as population aging, lifestyle changes, and environmental exposures. According to the World Health Organization (WHO), there were an estimated 20 million new cancer cases worldwide in 2022, with projections indicating a significant increase to over 35 million new cases by 2050.[3] In the United States, the American Cancer Society estimates that approximately 2,001,140 new cancer

cases and 611,720 cancer deaths are expected to occur in 2024.[4] Despite the fact that survival rates for many types of cancer are improving, people often still feel unprepared in the face of the threat to their biological existence from the disease, as it predictably causes fear.[5]

2. NATIONALITY AND CULTURE AS HEALTH DETERMINANTS

Nationality and culture are pivotal social determinants of health, fundamentally shaping how individuals perceive illness, access healthcare services, and maintain overall well-being. These determinants influence beliefs, behaviors, values, and interactions with healthcare systems in both subtle and profound ways. Since antiquity, the interaction between health and cultural context has been well documented. From the deification of health and interpretations of illness as divine punishment or magical affliction to the rise of biomedical knowledge and technological advances, cultural influences have remained a dominant force in shaping individual responses to health and disease.[6,7]

Over time, the concepts of *ethnicity, culture,* and *civilization* have been variably defined and often used interchangeably. *Ethnicity* typically refers to a community of individuals sharing common cultural practices, values, and worldviews, which distinguish them from other groups.[8] Core characteristics of ethnic groups include shared language, religion, historical experience, and physical features.[8,9]

From an anthropological perspective, *culture* is defined as the complex whole encompassing knowledge, beliefs, art, law, morals, customs, and other capabilities acquired by individuals as members of society.[10] Alternatively, culture may be viewed as the learned, shared, and transmitted set of values, norms, and practices that guide thought patterns, decision-making processes, and behaviors within a specific group.[11]

Nationality, by contrast, often determines the legal, political, and economic frameworks within which individuals live, directly affecting access to healthcare, education, employment, housing, and social support systems.[12] Examples include: (a) *Variability in healthcare systems:* Some nations offer universal healthcare, while others rely on private insurance models, leading to significant disparities in access and affordability.[13] (b) *Immigration status:* Undocumented or newly arrived migrants may encounter linguistic and systemic barriers, lack health insurance, and fear legal repercussions, all of which negatively influence health outcomes.[13] (c) *Public policy influence:* National regulations related to nutrition, environment, disease surveillance, and public health campaigns have measurable impacts on population-level health indicators.[12,13]

Culture also significantly impacts health behaviors, including: (a) *Health and illness perceptions:* Cultural background shapes what individuals recognize as illness, how symptoms are interpreted, and whether biomedical or traditional healing methods are pursued.[14] (b) *Communication and decision-making styles:* Cultural norms influence patient-provider communication, preferences for family versus individual decision-making, and attitudes toward medical recommendations.[15] (c) *Diet, lifestyle, and health practices:* Cultural traditions guide dietary patterns, physical activity, substance use, and mental health approaches; all contributing to disease risk and outcomes.[14] (d) *Stigma and discrimination:* Certain conditions, such as HIV/AIDS, mental illness, and disability, are often stigmatized in various cultures, deterring individuals from seeking appropriate care.[16]

When nationality and culture intersect –particularly in multicultural societies– they can either exacerbate health disparities or create opportunities for more inclusive, culturally competent care. For healthcare professionals, acknowledging these factors is essential to providing equitable, respectful, and effective services. Culturally sensitive care requires awareness of patients' sociocultural backgrounds, respect for diverse health beliefs, and adaptation of communication strategies and care plans accordingly.[14,17]

3. CULTURAL CHARACTERISTICS INFLUENCE IN CANCER CARE

As our societies become increasingly ethnically diverse, healthcare professionals involved in the care of cancer patients face enormous challenges in providing comprehensive and patient-centered care throughout the disease process. In addition, to avoid the risk of developing a stereotypical mindset, they must understand and accept the health practices and perceptions/beliefs of patients from different cultural backgrounds.[18]

Cultural characteristics play a crucial role in shaping individuals' experiences and decisions throughout the cancer care continuum. Cultural beliefs influence how people understand the causes of cancer, its severity, and the perceived effectiveness of medical interventions. In some cultures, cancer may be seen as a punishment, a result of spiritual imbalance, or a fate beyond human control, which can lead to fatalistic attitudes that discourage early detection or treatment. Stigma associated with certain cancers, particularly those affecting reproductive organs or linked to lifestyle choices like smoking, can cause individuals to

avoid disclosing their diagnosis or seeking care, thereby delaying treatment and worsening outcomes. Furthermore, cultural norms may shape communication styles and expectations in clinical settings, including preferences regarding truth-telling, family involvement in decision-making, and end-of-life care. Language barriers, health literacy levels, and mistrust of healthcare systems, often influenced by historical or social injustices, can also affect how patients from diverse cultural backgrounds engage with cancer care services. Recognizing and respecting these cultural factors is essential for healthcare providers to deliver culturally competent, respectful, and effective care, ensuring that all patients receive appropriate support throughout their cancer journey.[18,19]

The main cultural characteristics that influence the way in which individuals interact with healthcare professionals and deal with cancer, and especially cancer pain, are religion, the role of the family, and the way of communication, especially language.[20]

3.1. Religious and spiritual beliefs

Religious and spiritual beliefs are enduring values that shape individuals' beliefs and health behaviors. Recognizing and accepting differences between religions without prejudice by healthcare professionals is crucial, while understanding the role of religious traditions and beliefs in establishing trusting relationships between patients and healthcare professionals is equally important in cultural and religious communication, as well as meeting the spiritual needs of patients from different religions.[21]

Roman Catholics, for example, often believe that there is a reason for suffering, while illness and pain can be treated as a means of strengthening their faith. In Orthodox Christianity, pain, suffering and death function as a means of inner purification through the loving perspective of Christianity, patience and prayerful perseverance bring the visitation of divine Grace.[22,23] In Islam, health is considered one of the greatest blessings that Allah has given to man, while illness and pain are part of the test given by God, death a journey to meet him.[24] In Buddhism, health and sickness are understood within a broader spiritual and philosophical framework that emphasizes the mind, karma, impermanence, and the path to enlightenment. In Buddhism, health is valued but not idealized, and sickness is neither punished nor feared. Both are seen as natural conditions within the cycle of existence, offering opportunities for spiritual growth, mindfulness, and compassion.[25]

Participation in cancer screening programs is essential for early detection and improved outcomes, yet uptake varies significantly across populations. Religion may also influence cancer screening. Religion, can shape health behaviors, attitudes toward medical interventions, and perceptions of illness in both encouraging and discouraging ways.[26]

Religion can promote participation in screening by encouraging stewardship of the body, community responsibility, and trust in healthcare systems. Many religious traditions emphasize the importance of caring for one's health as a divine duty or moral responsibility. For example, some Christian, Jewish, and Muslim teachings view the body as a trust from God that should be maintained through preventive health measures. Religious leaders and communities can play a vital role in disseminating health information, reducing stigma, and promoting trust in medical advice. Faith-based health campaigns, such as church-based mammography outreach or mosque-sponsored health fairs, have been effective in increasing screening rates in diverse populations.[26,27]

Conversely, religious beliefs may also hinder participation in screening programs. Some individuals may believe that illness is predetermined by divine will or karma, reducing the perceived need for preventive measures. Modesty norms, particularly in conservative religious groups, can create discomfort with gender-specific screenings such as Pap smears or mammograms. In some cases, fatalistic beliefs, e.g., "if it is God's will, it will happen", can lead to avoidance of medical testing or delays in seeking care. Additionally, distrust in medical systems that are perceived as culturally or religiously insensitive can discourage participation. Although Islam supports women's duty to take care of their health, religious beliefs can fuel fatalistic attitudes. Beliefs related to modesty, women's willingness or tolerance for physical contact, or the presence of a male health care professional may also reduce participation in breast cancer screening and create embarrassment or fear of clinical breast exams and mammograms.[28–30]

To enhance screening uptake, it is essential to adopt culturally and religiously sensitive approaches, such as involving priests or faith leaders in education campaigns, ensuring gender-concordant healthcare providers, and framing health messages in alignment with religious values. When healthcare professionals understand and respect the religious context of their patients, they can build trust and encourage informed, values-consistent participation in screening programs.[31]

3.2. Communication and language

Communication is key to effective care for oncology patients. The ability of patients to understand the diagnosis initially and then the treatment options significantly affect both the management of the disease and the care provided.[32]

When announcing a diagnosis, in some cultures, health care professionals often use euphemisms that patients are more receptive to, such as growth or condition instead of the word cancer. Also, body movements, eye contact, pauses, or silence are ways of nonverbal communication that differ between cultures. For example, Muslim women avoid eye contact with men, in contrast to Greek culture where eye contact is important. In most English-speaking and Latino populations in America, touch is perceived as a manifestation of empathy, in contrast to the degree of physical contact that Asian patients expect and desire.[33]

The most important barrier to effective verbal communication in healthcare is language. Effective verbal communication is a cornerstone of quality healthcare, as it allows for accurate diagnosis, treatment planning, informed consent, and the development of trust between patients and providers. Among the various obstacles to clear communication in clinical settings, language differences stand out as the most significant barrier. When patients and healthcare professionals do not share a common language, it can lead to misunderstandings, errors in care, and decreased patient satisfaction. Language barriers hinder a provider's ability to obtain accurate medical histories, explain diagnoses or procedures, and ensure patients understand their treatment plans or medications.[34,35]

Patients with limited proficiency in the dominant language of the healthcare system are at higher risk of experiencing inadequate care, delayed diagnoses, and poorer health outcomes. Miscommunication due to language issues can result in incorrect medication use, missed appointments, or non-compliance with medical advice. Moreover, patients may feel frustrated, alienated, or disrespected when they are unable to express themselves fully or comprehend what is being said. This emotional disconnect can undermine the therapeutic relationship and reduce trust, especially in vulnerable populations such as immigrants, refugees, or elderly patients with limited literacy.[36,37]

Even when informal interpreters, such as family members or bilingual staff, are used, the quality of communication can still be compromised. Untrained interpreters may omit, distort, or fail to convey sensitive information, and confidentiality can become a concern. Professional medical interpreters are ideal, but they are not always readily available due to resource limitations, scheduling issues, or lack of institutional policies. Additionally, reliance on digital translation tools, while helpful in some cases, cannot yet fully capture nuances, cultural meanings, or complex medical terminology.[38]

In cancer care, effective communication is especially crucial due to the emotional weight, complexity, and high-stakes nature of diagnosis, treatment, and prognosis discussions. Among the many barriers to clear communication, language differences are among the most significant and detrimental, particularly for patients with limited proficiency in the language used by the healthcare system. Cancer care involves intricate medical terminology, lengthy treatment plans, side effect management, and informed decision-making about potentially life-altering procedures. When a patient and provider do not share a common language, the risk of miscommunication increases dramatically, potentially leading to misunderstandings, delayed treatment, non-adherence, or even medical errors.[39]

Language barriers in oncology not only affect the accuracy of information exchange, but also deeply impact the patient's emotional and psychological experience. Cancer is a diagnosis that often evokes fear, confusion, and grief, and patients need to be able to express their concerns, ask questions, and understand their options clearly. Patients who cannot communicate freely may feel isolated, anxious, or mistrustful. They may also avoid discussing symptoms, side effects, or psychosocial issues, which are essential for comprehensive cancer management. Informed consent, a legal and ethical cornerstone of oncology, becomes especially problematic when language barriers prevent patients from fully understanding their diagnosis, prognosis, and treatment risk.[40]

In such cases, relying on family members to interpret in cancer care can be particularly problematic. Loved ones may unintentionally filter or soften distressing information, omit key medical facts, or struggle with the emotional burden of translating difficult news. This can compromise both the quality of communication and the patient's autonomy. While professional interpreters improve accuracy and facilitate understanding, they are not always available in oncology settings, especially in under-resourced hospitals or rural areas.[40,41]

3.3. Family related factors

Cancer extends its impact far beyond the individual patient, deeply affecting the entire family unit. In most

cultures, families play a central role in the cancer journey, often participating in decision-making, providing emotional support, managing practical care, and coping with the psychological burden of the illness.[42] However, the degree and nature of this involvement vary widely across cultural contexts. In some cultures, families take on a highly active role, including shielding the patient from distressing information or making treatment decisions on their behalf, based on values of collectivism and protection. In others, patient autonomy is emphasized, and family members may adopt more of a supportive but secondary role. These cultural variations influence how information is communicated, who is involved in medical discussions, and how end-of-life care is approached. Recognizing and respecting these differences is essential for healthcare providers to deliver culturally competent and compassionate cancer care which honors both the patient's needs and the family's values.[43]

The role of the family is also crucial in revealing the truth to patients, and the literature shows variations between different ethnicities.[44] In Japan, family members have an important role in the decision to inform a patient about the true nature of their disease. Doctors discuss the nature of the illness with the family before the patient and usually comply with the wishes of the other members, as there is a strong hierarchical family model.[45] Similar paternalistic practices are also observed in Arab and Islamic cultures.[46] Finally, we could not overlook the Greek reality where the majority of Greek healthcare professionals believe that relatives should be informed but are unsure when it comes to informing the patients themselves. The strong family ties of the Greek family in an attempt to protect their patients from the process of informing.[47] On the contrary, the same attitude is not observed in countries with an Anglo-Saxon background, where current policies recommend the provision of full information and this right is protected by legislation.[48]

Therefore, in the context of healthcare, healthcare professionals should understand the role of the family through the prism of their particular cultural characteristics, as it is crucial to determine their role in making important decisions during the course of the patient's disease.

3.4. Cultural influence on pain

Pain is a multidimensional human experience for cancer patients and on a global scale regardless of age, gender, ethnicity and cultural background. The way individuals perceive, express, describe and manage pain is inevitably influenced and guided by their overall life experience as members of a society, ethnicity and culture. Culture plays a significant role in shaping how individuals perceive, express, and respond to pain.[49]

Pain is not solely a biological experience; it is also deeply influenced by psychological, social, and cultural factors. Different cultures have distinct beliefs about the meaning of pain, appropriate ways to express it, and expectations regarding its management. The way it is described and expressed is different. For instance, in some cultures, openly expressing pain is seen as a natural and acceptable behavior that invites support and compassion. In contrast, other cultural groups may value stoicism and self-restraint, viewing the open display of pain as a sign of weakness or a burden to others.[50] In some languages there is a plurality of words to express the meaning, e.g. Thais use more than a dozen words, while Japanese have one specific word. Spanish, African-American, Arab or Italians, for example, may express pain in a dramatic way, while Asian cultures such as Chinese, Japanese, Koreans, Filipinos, etc., have a stoic approach to it without verbal or non-verbal expression of pain. Mexicans prefer to use words instead of numbers in describing pain, while Chinese traditionally read vertically and from right to left, so a vertical scale may be more accurate. Therefore, the pain assessment tools used (scales) should be appropriate and reflect cultural, linguistic and national diversity.[51]

These cultural norms affect how patients report pain to healthcare providers and how they cope with it. A patient from a culture that emphasizes endurance may underreport pain or decline pain medication, potentially leading to under-treatment. Conversely, individuals from cultures where expressive pain behaviors are more accepted might be perceived by clinicians as exaggerating their symptoms, leading to potential bias in pain assessment. Additionally, spiritual or religious beliefs can influence pain perception; some may interpret pain as a test of faith, a form of punishment, or even a path to purification, affecting their willingness to seek relief.[52]

Regarding pain management, specific cultural characteristics may influence compliance or non-compliance with analgesic treatment as well as treatment choices. Groups such as African Americans may avoid taking strong analgesics in severe pain compared to whites. Instead, they use prayer and hope to cope with it. Asians report stronger barriers to pain management compared to patients with Western cultures, such as the fear of developing tolerance to opioids and due to the fatalistic perception that cancer pain is inevitable. In contrast, in the biomedical Western model, pharmaceutical treatment is the first choice. While

Eastern cultures choose alternative therapeutic methods such as herbs (Asia, Philippines, Saudi Arabia) or religious rituals and religious healers (Philippines, Asia).[53]

4. CULTURAL COMPETENCE

It is therefore becoming more than obvious that in the increasingly changing environment of modern societies, the ability to promptly recognize and understand the specific cultural characteristics of patients is a particular challenge for healthcare professionals working with cancer patients. For this reason, the acquisition of cultural competence should be a priority for the provision of holistic and patient-centered health care.[54]

Various definitions of cultural competence have been formulated over time. According to the model of Papadopoulos, Tilki and Taylor, cultural competence is defined as "the ability to provide effective health care taking into account individuals' cultural beliefs, behaviors and needs". It is the synthesis of knowledge and skills that one acquires during our personal and professional lives and which is constantly evolving. According to this model, four stages are proposed for acquiring the appropriate knowledge and skills. First, cultural awareness, meaning the examination of our personal values and beliefs, second, cultural knowledge, the strengthening of knowledge through meaningful contact about the beliefs, behaviors and problems of individuals from different ethnic groups, third cultural sensitivity meaning the way in which healthcare professionals perceive the uniqueness of each individual they care for, respecting their cultural background and fourth the achievement of cultural competence. Further focus is given to practical skills of assessment, clinical diagnosis and care, while an important component of this stage of development is the ability to recognize and challenge prejudices, discrimination and inequalities.[55,56]

Also, accordingly, the Campinha-Bacote model provides a comprehensive list of tools that have been created to collect data related to cultural elements, necessary for the correct assessment of patient needs. In this model, special emphasis is given to the factor of "cultural assessment" of the patient's health status, which should be done in a culturally sensitive manner, by incorporating elements of cultural content into existing nursing forms.[57]

For overcoming communication related barriers, cultural competence and culturally and linguistically appropriate services are critical. Oncology teams should be trained to work effectively with medical interpreters, use translated materials for education and consent, and employ communication tools like visual aids or teach-back methods to confirm understanding. Furthermore, providing language-concordant care –through bilingual providers or interpreters– can greatly improve patient trust, satisfaction, and engagement in treatment. Addressing language barriers in cancer care is not just a matter of communication; it is a matter of equity, dignity, and quality of care for every patient, regardless of linguistic background.[58]

Regarding pain, understanding the cultural context of a patient's pain experience is essential for providing empathetic, individualized care. Healthcare providers should approach pain assessment with cultural sensitivity, using open-ended questions, validated tools that accommodate different expressions of pain, and being mindful of their own biases. By recognizing and respecting cultural differences in pain perception and communication, clinicians can improve patient trust, satisfaction, and outcomes in pain management.[50]

Cultural competence in healthcare is not a fixed skill or endpoint; rather, it is a continuous, evolving process of learning, reflection, and adaptation. It involves the ability of healthcare providers to understand, respect, and effectively interact with people from diverse cultural backgrounds. Given the dynamic nature of society with constant changes in population demographics, migration patterns, and cultural identities, achieving cultural competence requires ongoing commitment and flexibility. Healthcare professionals must continuously educate themselves about different cultural norms, beliefs, and health practices, while also acknowledging that culture is not static; individuals may identify with multiple cultural influences that shift over time and context.[59]

More importantly, cultural competence extends beyond acquiring knowledge about various traditions or customs. It also involves developing self-awareness, recognizing one's own biases, values, and assumptions, and fostering cultural humility, a respectful approach that emphasizes listening, learning, and partnering with patients as experts of their own lived experience. As patient populations grow increasingly diverse, providers must be willing to adapt their communication styles, care plans, and service delivery methods to meet the unique needs of each individual. This evolving journey toward cultural competence enhances trust, reduces health disparities, and leads to more equitable and effective care.[60]

5. CONCLUSIONS

To summarize, individuals from different ethnic groups

bring cultural backgrounds that shape not only their general lifestyle but also their personal beliefs, values, and perceptions of health and illness. Healthcare professionals are themselves influenced by their own cultural frameworks, which in turn affect their behavior and ability to provide effective and culturally competent care. Therefore, developing cultural competence emerges as the most appropriate strategy for improving access to quality health services for all patients regardless of their cultural background, while also eliminating potential inequalities.

The provision of holistic, patient-centered care in a culturally competent way is an imperative in today's rapidly culturally changing societies. It represents not only an inalienable right of cancer patients and their families, but also a moral obligation of healthcare professionals.

ΠΕΡΙΛΗΨΗ

Ογκολογική φροντίδα χωρίς σύνορα: Η σημασία της πολιτισμικής επάρκειας σε πολυπολιτισμικά ογκολογικά περιβάλλοντα

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Η παροχή ισότιμης και αποτελεσματικής φροντίδας σε ογκολογικούς ασθενείς σε πολυπολιτισμικά περιβάλλοντα απαιτεί πολιτισμική επάρκεια από τους επαγγελματίες υγείας. Το παρόν άρθρο διερευνά τον ρόλο της πολιτισμικής επάρκειας στην Ογκολογία, εστιάζοντας σε παράγοντες όπως η εθνικότητα, η θρησκεία, η γλώσσα και η οικογενειακή δυναμική, οι οποίοι επηρεάζουν τη διάγνωση, τη θεραπεία και την πρόγνωση. Πολιτισμικές αντιλήψεις για την ασθένεια, το στίγμα, την επικοινωνία και την έκφραση του πόνου διαμορφώνουν τη σχέση ασθενούς-συστήματος υγείας. Οι θρησκευτικές πεποιθήσεις ενδέχεται να επηρεάζουν την αποδοχή παρεμβάσεων και τη συμμετοχή σε προγράμματα πρόληψης. Τα γλωσσικά εμπόδια αποτελούν σημαντική πρόκληση, καθώς επηρεάζουν την πληροφορημένη συναίνεση, τη θεραπευτική συμμόρφωση και την ψυχολογική υποστήριξη. Παράλληλα, οι πολιτισμικές διαφοροποιήσεις στους οικογενειακούς ρόλους επηρεάζουν τη λήψη αποφάσεων και την αποκάλυψη της διάγνωσης. Η αξιοποίηση μοντέλων, όπως των Papadopoulos-Tilki-Taylor και Campinha-Bacote, ενισχύει την ανάπτυξη πολιτισμικής επάρκειας μέσω γνώσης, αυτογνωσίας και πολιτισμικής ταπεινότητας. Η ενσωμάτωση πολιτισμικά ευαίσθητων πρακτικών στην ογκολογική φροντίδα μπορεί να βελτιώσει την εμπιστοσύνη των ασθενών, να μειώσει τις ανισότητες και να ενισχύσει την ποιότητα της φροντίδας. Η πολιτισμική επάρκεια συνιστά δυναμική διαδικασία και θεμελιώδη προϋπόθεση για ανθρωποκεντρική ογκολογική φροντίδα σε πολυπολιτισμικά περιβάλλοντα.

Λέξεις ευρετηρίου: Γλωσσικά εμπόδια, Διαπολιτισμική Νοσηλευτική, Θρησκευτικές πεποιθήσεις, Ογκολογική φροντίδα, Πολιτισμική επάρκεια

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