

Review article

Inclusion of cross-cultural care training in humanitarian aid: A scoping review



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ABSTRACT

Objectives: Cross-cultural care creates environments where people from diverse cultural backgrounds can access healthcare without facing discrimination based on their beliefs or identity. Humanitarian aid workers need the knowledge and skills to effectively address the needs of diverse populations. In humanitarian aid, cross-cultural care training is crucial for delivering culturally sensitive healthcare in challenging environments.

The aim of this study was to explore the available scientific evidence on the inclusion of cross-cultural care training in international humanitarian aid settings.

Study design: A scoping review was conducted, following the PRISMA-ScR guidelines.

Methods: PubMed, Lilacs, ERIC, Google Scholar, and Evidence Aid, and grey literature sources were searched for studies published in English, Spanish, and Portuguese from 2003 to 2023. Data were extracted using a standardized form and analyzed according to the JBI scoping review methodology.

Results: The review included 23 publications, consisting of 13 academic articles (57 %) and 10 grey literature sources (43 %). These were categorized into Recommendations, Guidelines, Experience in Implementation, and Teaching Materials. Findings highlighted the importance of incorporating cross-cultural care training into humanitarian organizations. Various guidelines for integrating cultural aspects into training were identified. Some organizations have implemented such training and documented their experiences. Additionally, certain international humanitarian organizations have established web-based educational resources to enhance cultural knowledge and awareness among their staff.

Conclusions: Integrating cross-cultural care training into the operations of international humanitarian aid organizations is recommended to mitigate disparities in healthcare access. The limited number of records identified highlights a significant gap in research, implementation, and documentation on this topic.

1. Introduction

Cross-cultural care refers to the creation of an environment where individuals from diverse cultural backgrounds can access healthcare without experiencing discrimination or harm based on their cultural beliefs, practices, or identity.¹ This approach involves considering individuals' cultural needs and preferences and adapting services and practices to be more inclusive and culturally appropriate.² It encompasses training healthcare professionals to understand how individuals from different cultures perceive health, illness, and medical treatments, and to recognize and mitigate personal biases while enhancing

intercultural competencies.³

Cross-cultural care training includes elements such as cultural competence, cultural respect, cultural safety, cultural humility, cultural awareness, cultural responsiveness, and related terminologies that emphasize the importance of educating healthcare providers about cultural differences to create an inclusive and supportive environment.⁴ By fostering cultural differences healthcare providers can deliver care that respects and acknowledges patients' cultural backgrounds, leading to improved patient trust and cooperation. This enhances the overall health and well-being of diverse cultural groups by ensuring they receive appropriate and respectful care.⁶

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In humanitarian aid, health workers often operate in challenging and complex environments providing care to diverse populations. They must be equipped with the knowledge and skills necessary to address these needs effectively and sensitively.^{7,8} This includes understanding the concept of cross-cultural care and how it can be applied in their work to reduce health disparities and improve patient outcomes.^{5,9}

Existing literature highlights cultural barriers as a significant limitation to quality healthcare in humanitarian contexts. For example, Ahmed et al. suggest that cultural factors in Somalia have significantly impacted the effectiveness of humanitarian health interventions, restricting access to vulnerable groups.¹⁰ Satinsky et al. note that cultural influences often discourage individuals from seeking health services, emphasizing the need to train healthcare providers to mitigate this obstacle, especially in mental health.¹¹ Fair et al. underscore the importance of overcoming language barriers and catering to the unique information and care requirements of patients from diverse cultural backgrounds.¹²

Several strategies have been implemented to integrate cultural considerations into medical care in multicultural communities. A qualitative meta-synthesis shows that maternity healthcare providers have received cultural training to better serve migrant populations. However, cultural blindness often persists, suggesting that more than knowledge acquisition is needed.¹² A systematic review highlights the importance of culturally adapting evidence-based psychological treatments in humanitarian contexts. Adaptations in language, context, and therapist delivery enhance treatment acceptability and effectiveness. Training healthcare providers to integrate these adaptations into existing services is crucial.¹³

In humanitarian crises, desk reviews of existing literature serve as an efficient tool for consolidating knowledge to aid programmatic decision-making. By offering concise syntheses of extensive literature, these reviews help international practitioners grasp local cultures and effectively contextualize programs related to traditional health practices and cultural beliefs. However, desk reviews alone are insufficient; primary data collection and local stakeholder involvement are essential to developing culturally relevant and effective programs.¹⁴

It is essential that health professionals, particularly those working in humanitarian aid programs, receive training in cross-cultural care to provide culturally safe services.^{5,15} Nonetheless, these efforts have yet to achieve a comprehensive or systematic incorporation into humanitarian healthcare practices, indicating a significant area for development and research. This article seeks to explore the current landscape of cross-cultural care training within international humanitarian aid settings.

2. Methods

2.1. Study design

This Scoping review adhered to the Joanna Briggs Institute (JBI) scoping review methodology,¹⁶ and was reported following the PRISMA extension for scoping reviews (PRISMA-ScR) guidelines.¹⁷

2.2. Search strategy

The databases searched included PubMed, Lilacs, ERIC, Google Scholar, and Evidence Aid. Grey literature sources such as the United Nations Office for the Coordination of Humanitarian Affairs (UN OCHA), World Health Organization (WHO), Médecins Sans Frontières (MSF), Relief Web, OXFAM and International Committee of the Red Cross (ICRC) were also explored.

The search, guided by a professional librarian, involved the application of the keywords and MeSH/DeSC terms outlined in [Table 1](#).

Table 1
Search Strategy.

Concept	Keywords and MeSH terms
Cross-cultural training ⁴	“cultural risk” OR “cultural competency” OR “cultural respect” OR “cultural safety” OR “cultural capability” OR “cultural humility” OR “cultural responsiveness” OR “cultural awareness” OR “cultural congruence” OR “cultural security” OR “Cultural training” OR “Culturally Congruent Care” OR “Cross-Cultural Care” OR “Culturally Competent Health Care” OR “Culture” OR “Cross-Cultural Medicine” OR “Intercultural Medicine” OR “Intercultural dialogue” OR “Patient-Centered Care” OR “cultural literacy” OR “cultural security” OR “Cultural Framework” OR “Cross-cultural” OR “Inter-cultural” OR “Cultural-difference”
Humanitarian Aid ¹⁸	“Armed conflicts” OR “ethnic violence” OR “war exposure” OR “terrorism” OR “genocide” OR “human migration” OR “relief work” OR “disasters” OR “refugee camp” OR “conflict” OR “post conflict” OR “war” OR “war conflict” OR “mass conflict” OR “mass killing” OR “terrorist attack” OR “political violence” OR “ethnocide” OR “ethnic cleansing” OR “mass violence” OR “forced migration” OR “humanitarian crisis” OR “humanitarian setting” OR “complex humanitarian setting” OR “humanitarian emergency” OR “complex emergency” OR “Complex Humanitarian Emergencies” OR “refugee setting” OR “camp” OR “mass casualty” OR “displacement”
Training ¹⁹	“training” OR “programs” OR “continued learning” OR “education” OR “curriculum” OR “instruction” OR “teach” OR “teaching” OR “Assessment” OR “strategy” OR “Strategies” OR “Indicators” OR “Measures”

2.3. Inclusion and exclusion criteria

Inclusion criteria encompassed theoretical and empirical studies, including qualitative, quantitative, and mixed-method approaches, as well as grey literature published in English, Spanish, or Portuguese from 2003 to 2023. Studies needed to focus on training interventions emphasizing cross-cultural care within international humanitarian aid contexts. Exclusion criteria filtered out studies not specifically addressing relief work or humanitarian aid initiatives or context.

2.4. Data selection, extraction, and synthesis

The search results from various databases were systematically uploaded into Rayyan, a collaborative web-based platform designed to screen studies. Duplicate entries were identified and eliminated by the platform to ensure data integrity. The search outcomes from grey literature sources were compiled using Microsoft Excel due to the incompatibility of grey literature search engines with the file format required by Rayyan. The titles and abstracts of potential articles were screened independently by two reviewers. Discrepancies were resolved through discussion and consensus.¹⁶

The principal author conducted the article extraction, analysis, and synthesis of selected articles and grey literature. Each included study underwent a full-text comprehensive analysis, with data systematically extracted using a standardized form, covering the following headings: title, year of publication, language, geographical scope, authors, journal, type of document, study type, reported study design, study outcomes, intervention description, and results.

The extracted data were analyzed and synthesized following the JBI scoping review methodology, summarizing findings from the included studies and categorizing the data into themes.

3. Results

A total of 42,072 academic records and 30 grey literature references were initially identified. After eliminating duplicates and non-English, Spanish, or Portuguese records, 38,886 records remained. Following the eligibility assessment, 23 publications were selected for inclusion, consisting of 13 academic articles and 10 grey literature sources ([Fig. 1](#)).

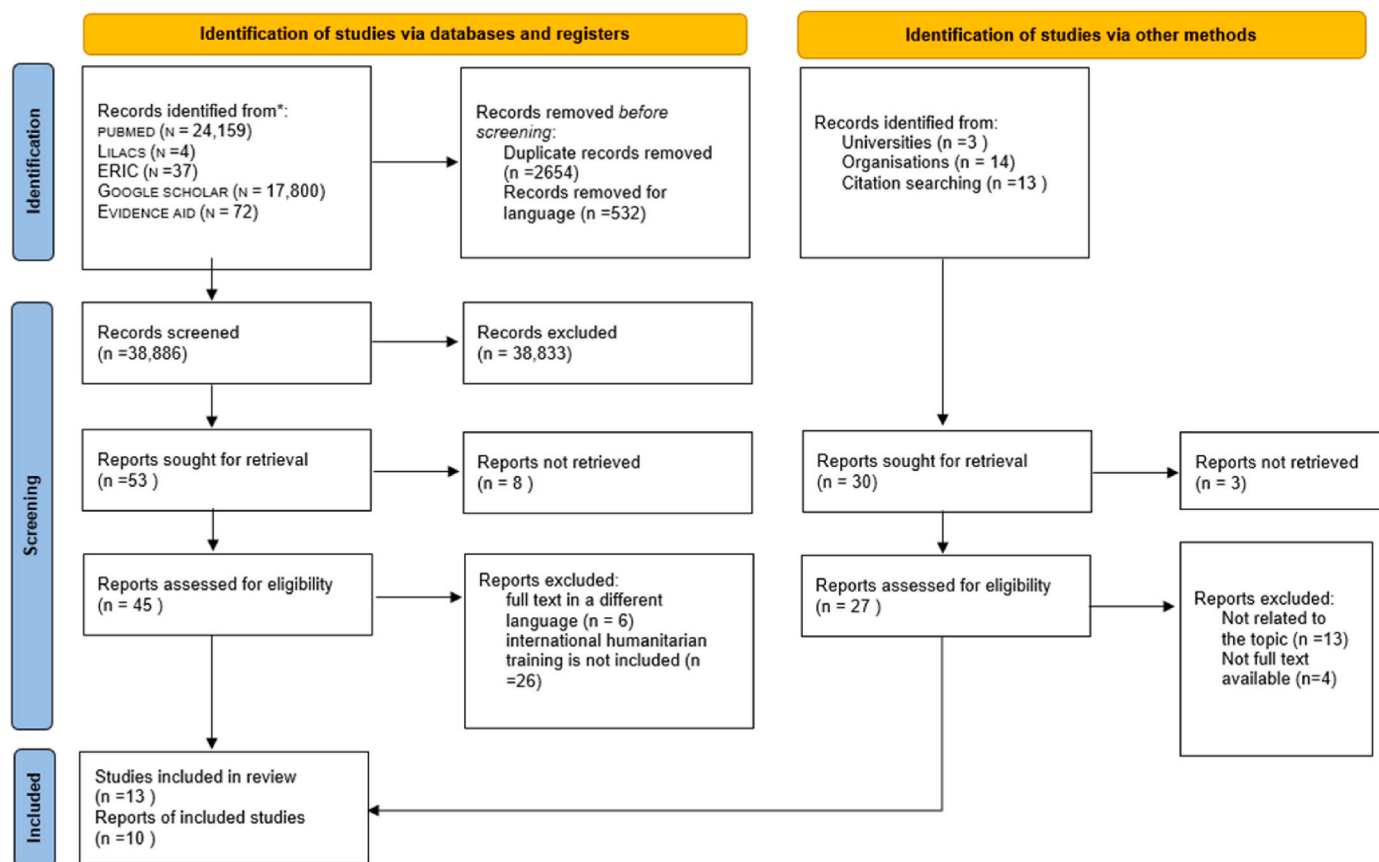


Fig. 1. Prisma flow diagram.

These were categorized into four groups: Recommendations, Guidelines, Experience in Implementation, and Teaching Materials.

3.1. Characteristics of sources of evidence

The dataset encompassed a collection of 23 publications (Table 2), all of which were in English. However, within the grey literature records, two documents were composed in multiple languages. This multilingual composition was attributable to their nature as guidelines formulated by international organizations.^{20,21}

The temporal distribution of the publications ranged from 2003 to 2023, with a concentration of documents in 2023 and 2016. In 2023, three publications were included, all categorized as grey literature, specifically reports²² and guidelines.^{25,26} The year 2016 was represented by three publications: two articles using distinct research methodologies, one with a qualitative design,³³ and the other with knowledge synthesis.³⁴ Additionally, a thesis adopting a qualitative design was part of the dataset.³⁸

Regarding the types of sources among the articles, eight were qualitative studies,^{27,30,31,33,35–37,39} four were knowledge synthesis,^{14,28,32,34} and one employed mixed methods.²⁹ The grey literature was diverse, including reports,^{22,24,41} guidelines,^{20,21,23} teaching materials,^{25,26} a thesis,³⁸ and a chapter of a book.⁴⁰

On the geographical location, a significant portion of the research had an international focus, represented by eight publications.^{20–22,25,26,29,40,41} North America was also notably featured, with four publications focused on the United States^{23,24,31,32} and two in Canada.^{28,30} Europe was represented by publications based in all the region³⁷ and in specific countries like Spain³⁹ and the Czech Republic.³⁸ In the context of Asia, the dataset included publications centered on Taiwan,²⁷ China,³³ and Indonesia.³⁶ Intriguingly, there is a multi-regional publication that spanned Haiti, Nepal, Syria, and

Tanzania,¹⁴ as well as another that focused on both Australia and China.³⁵

Regarding the authorship, universities were the most prolific contributors, accounting for 14 publications. Humanitarian organizations including the International Rescue Committee,²² U.S. Department of Health and Human Services^{23,24} Oxfam GB with participation of Save the children, CARE International, Mercy Corps and World Vision International,²⁰ Médecins Sans Frontières (MSF),²⁵ International Committee of the Red Cross (ICRC),²⁶ European Universities on the Professionalization of Humanitarian Action (EUPHRA),³⁷ Sphere Association²¹ and United Nations Population Fund (UNFPA)⁴¹ also made significant contributions, being responsible for 9 publications.

3.2. Mapping of the available literature

The literature contained recommendations advocating for specific types of training. The reviewed publications fell into four categories: "General Recommendations," "Guidelines," "Experience on Implementation," and "Teaching Materials."

3.3. General recommendations

The recommendations outlined strategies for enhancing cross-cultural care training among humanitarian aid workers and healthcare professionals. These encompassed competencies, such as, "cultural sensitivity",^{22,28,32,33,36,38} "cultural competence",^{28,34,40} "cultural awareness",²¹ "cross-cultural clinical ethics",³⁰ and "cross-cultural training".³⁹

These suggestions advocated training frontline staff in cultural sensitivity.²² They emphasized comprehensive cultural competence and sensitivity training in palliative care settings,²⁸ addressing ethical concerns in cross-cultural clinical environments,³⁰ and integrating cultural

Table 2

Characteristics of included studies (n = 23).

Organization or institutional affiliation of the authors	Year	Title	Study design	Type of recommendation	Type of training	Geographical Scope
International Rescue Committee ²²	2023	Empowering frontline staff to enable the participation of crisis-affected people	literature review and qualitative design	recommendation	cultural sensitivity	international
U.S. Department of Health and Human Services ²³	2003	Developing Cultural Competence in Disaster Mental Health Programs	qualitative design	guidelines	cultural competence	US
U.S. Department of Health and Human Services ²⁴	2008	Cultural competency in disaster response: a review of current concepts, policies, and practices	knowledge synthesis	guidelines	cultural sensitivity and cultural competence	US
Oxfam GB (with participation of Save the childrens, CARE International, mercy corps and World Vision International) ²⁰	2007	Building trusth in diverse teams	literature review and qualitative	guidelines	cultural awareness	international
MSF ²⁵	2023	Transversal competencies tools	teaching materials and readings for employees	teaching materials and readings for employees	cross cultural awareness	international
Red cross ²⁶	2023	Diversity equity inclusion toolkit	teaching materials and readings for employees	teaching materials and readings for employees	cultural sensitive and cultural competence	international
Johns Hopkins university ¹⁴	2017	Addressing culture and context in humanitarian response: preparing desk reviews to inform mental health and psychosocial support	literature review	experience in implementation	socio-cultural context (desk review)	Haiti, Nepal, Syria, and Tanzania
National Taiwan Normal University ²⁷	2007	Cultural competence of international humanitarian workers	qualitative design	experience in implementation	cross-cultural knowledge	taiwan
University of Saskatchewan ²⁸	2021	Culturally sensitive palliative care in humanitarian action: Lessons from a critical interpretive synthesis of culture in palliative care literature	systematic review	recommendation	cultural sensitive and cultural competence	canada
Harvard Medical School ²⁹	2021	Developing Cultural Awareness Curricular Competencies for Humanitarian Non-Governmental Organization Staff	mixed methods	guidelines	cultural awareness	international
McGill University ³⁰	2008	Ethics beyond borders: how health professionals experience ethics in humanitarian assistance and development work	qualitative design	recommendation	cross-cultural clinical ethics	canada
State University of New York ³¹	2004	Managing Stress in Humanitarian Aid Workers: A Survey of Humanitarian Aid Agencies' Psychosocial Training and Support of Staff	qualitative design	experience in implementation	cross-cultural Training	US
McGill University ³²	2017	Ethical Challenges in the Provision of Mental Health Services for Children and Families During Disasters	literature review	recommendation	Culturally Sensitive Care	US
Sichuan University ³³	2016	Experiences in disaster-related mental health relief work: An exploratory model for the interprofessional training of psychological relief workers	qualitative design	recommendation	cultural sensitivity	china
University of Georgia ³⁴	2016	Lack of cultural competency in international Aid responses: the ebola Outbreak in Liberia	literature review	recommendation	cultural competence	liberia
University of Melbourne ³⁵	2009	China-Australia training on psychosocial crisis intervention: response to the earthquake disaster in Sichuan	qualitative design	experience in implementation	Culturally sensitive training	Australia and china
Padjadjaran University ³⁶	2022	The Need for a Preparedness Training Model on Disaster Risk Reduction Based on Culturally Sensitive Public Health Nursing (PHN)	qualitative design	recommendation	culturally sensitive	indonesia
EUPHRA ³⁷	2014	The Humanitarian Action Qualifications Framework: a quality assurance tool for the Humanitarian Sector	literature review	experience in implementation	Culturally sensitive training	Europe
RUHR UNIVERSITY BOCHUM ³⁸	2016	Cultural Sensitivity in Humanitarian Assistance in Post-Conflict Areas	qualitative design	recommendation and experience in implementation	cultural sensitivity	czech republic

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Table 2 (continued)

Organization or institutional affiliation of the authors	Year	Title	Study design	Type of recommendation	Type of training	Geographical Scope
Sphere Association ²¹	2018	sphere handbook	Book	recommendation	cultural awareness	international
Universitat Ramo'n Llull ³⁹	2010	Managing cultural conflicts for effective humanitarian aid	qualitative design	recommendation	cross-cultural	spain
Yale University ⁴⁰	2011	Humanitarian Crises: The Need for Cultural Competence and Local Capacity Building	chapter of a book	recommendation	cultural competences	international
United Nations Population Fund ⁴¹	2008	Culture matters: lessons from a legacy of engaging faith-based organizations	literature review	guidelines	cultural sensitive	international

beliefs into mental health care in disaster-stricken areas.³²

The recommendations highlighted interprofessional education strategies focused on cultural sensitivity³³ and called for an expansion of cultural competency within emergency management and public health sectors.³⁴ They emphasized the importance of culturally sensitive public health nursing in disaster risk reduction³⁶ and advocated for the cultural adaptation of humanitarian missions to enhance efficacy.³⁸

They also suggested in-depth cultural briefings and a focus on cultural awareness in humanitarian training programs,²¹ and a reevaluation of cultural assumptions among humanitarian workers.³⁹ Lastly, they recommended the inclusion of cultural competencies in psychological interventions for communities affected by disasters.⁴⁰

3.4. Experience on implementation

Publications on "experience on implementation" highlighted various training modalities, with "culturally sensitive training," featured in two publications.^{35,37} Additional training types included "socio-cultural context through desk reviews",²⁵ "cross-cultural knowledge",²⁷ "cross-cultural training",³¹ and "cultural competence".³⁸

WHO and United Nations High Commissioner for Refugees (UNHCR) used a toolkit for desk reviews, in countries like Haiti, Nepal, Syria, and Tanzania, particularly at the onset of emergencies. These served as a preliminary framework, offering socio-cultural contextualization to international humanitarian practitioners.¹⁴

Some humanitarian organizations emphasized pre-mission cross-cultural training to mitigate staff stress and enhance healthcare delivery.³¹ Similarly, culturally sensitive training was a core component of the disaster mental health training program, for ensuring the cultural aptitude of humanitarian workers.³⁵

EUPHR included cultural sensitivity in its six-dimensional curriculum for teamwork and partnerships.³⁷ MSF in the Czech Republic provided specialized cultural briefings for staff, covering dress codes and gender-specific requirements.³⁸ Caritas International in the Czech Republic adhered to a non-discriminatory principle respecting culture and religion, although it did not organize specific cultural briefings.³⁸

Additionally, one study noted that humanitarian workers often gained cross-cultural knowledge through peer learning and firsthand experiences. This study emphasized that ad hoc approach compromised efficiency as it did not prepare workers for specific mission challenges.²⁷

3.5. Guidelines

The publications in this category included guidelines for training humanitarian aid workers in "cultural competence",^{38,40} "cultural sensitivity",³⁹ and "cultural awareness".^{20,37} These guidelines established frameworks for culturally competent disaster mental health services,⁴⁰ created specialized curricula for culturally competent disaster response,³⁸ developed toolkits for "cultural awareness" in emergency scenarios,²⁰ constructed a consensus-based repertoire of "cultural awareness" competencies for humanitarian training programs,³⁷ and provided instructional manuals for culturally sensitive interventions.³⁹

3.6. Teaching materials

In this category, organizations such as MSF and the Red Cross institutionalized web-based educational resources to enhance cultural knowledge among their personnel. Within this category, two training emerged: "cross-cultural awareness"²⁵ and "cultural sensitivity and competence".²⁶

At MSF, cross-cultural awareness is integrated into the transversal competencies framework for employees. Tailored educational materials are disseminated to facilitate an enriched understanding of cultural awareness, thereby promoting nuanced interactions in diverse settings.²³

Similarly, the Red Cross emphasized "cultural sensitivity and competence" as integral components of its "Diversity Equity Inclusion Toolkit". This toolkit was equipped with a set of teaching materials and readings, all designed to bolster employees' and volunteers' comprehension of diversity, with a particular focus on cultural sensitivity and competence.²⁶

4. Discussion

The search across selected databases did not find any non-English articles meeting the criteria, even though Spanish and Portuguese publications were considered. This suggests a language bias in the publication and indexing processes, highlighting the need for greater linguistic and regional inclusivity in future research.

In contrast, documents from international organizations such as the Oxfam guidelines²⁰ and the Sphere handbook²¹ are available in multiple languages. These publications reflect the efforts of international organizations to incorporate a multilingual approach, facilitating wider participation and engagement across diverse cultural contexts.

The reviewed literature is predominantly from North America and Europe, with limited representation from other regions, revealing a Western-centric bias. This imbalance raises concerns about the marginalization of cultural training practices relevant to regions with significant humanitarian needs. The overrepresentation of perspectives from high-income countries contrasts sharply with the underrepresented voices from low- and middle-income countries, where context-specific knowledge is critical.⁴²

The authorship analysis reveals a substantial contribution from academic institutions, with universities accounting for 14 publications, underscoring academia's role in driving research. Humanitarian organizations contributed nine publications, reflecting the practical, field-based nature of their research. Collaboration between academia and humanitarian organizations can bridge the gap between research and practice, aligning insights with the realities of humanitarian work.⁴³

4.1. Classification and thematic analysis of reviewed literature

The literature reviewed coalesces into four principal categories: recommendations, guidelines, experiences on implementation, and teaching materials. Recommendations focus on enhancing cross-cultural

care training among humanitarian aid workers, emphasizing "cultural sensitivity",^{22,28,32,33,36,38} "cultural competence",^{28,34,40} "cultural awareness",²¹ "cross-cultural clinical ethics",³⁰ and "cross-cultural training".³⁹ Incorporating these concepts into training can reduce healthcare disparities by addressing cultural barriers and discriminatory practices.⁴⁴ Similarly, the adoption of cultural safety methodologies empowers healthcare providers to deliver care that is culturally appropriate and respectful.⁴⁵

The guidelines reviewed provide a reference for training humanitarian aid workers in "cultural competence",^{23,24} "cultural sensitivity",⁴¹ and "cultural awareness".^{20,29} The most common guidelines focus on cultural competence and are designed for use in various fields, including mental health services and emergency medical teams.^{23,24} They emphasize the importance of adopting values, knowledge, skills, and attributes that promote nonjudgmental, and respectful communication and practices in cross-cultural settings.

Cultural awareness is also highlighted as essential for effective work in diverse settings, promoting self-reflection on personal biases and open discussions on leadership that prioritize community-led interventions. Guidelines for NGO staff emphasize developing cultural awareness skills among aid workers to better navigate complex cultural contexts.^{20,29}

In the category of teaching materials, organizations such as MSF and the Red Cross have institutionalized web-based educational resources aimed at enhancing cultural knowledge among their personnel. Within this category, two distinct training paradigms emerge: "cross-cultural awareness"²⁵ and "cultural sensitivity and competence".²⁶

The experience on implementation emphasize culturally sensitive training, underscored in two publications.^{35,37} alongside other training types like "socio-cultural context through desk reviews"¹⁴ "cross-cultural knowledge",²⁷ "cross-cultural training",³¹ and "cultural competence".³⁸

4.2. Cross-cultural training models

The literature highlights culturally sensitive care as the predominant recommendation^{22,28,32,33,36,38} and practice^{35,37} in humanitarian aid. This approach involves applying knowledge, consideration, and respect, with an awareness of both self and others when engaging with culturally diverse groups. It entails dynamic, tailored interactions informed by understanding cultural differences.⁴⁶

Other methodologies, such as socio-cultural context analyses via desk reviews, play a pivotal role. These reviews provide a foundation for mental health and psychosocial responses by collating cultural and contextual data for international practitioners. However, desk reviews alone are insufficient to foster culturally congruent programs.¹⁴

Cultural competence is another prominent model, educating healthcare providers on patient's cultural customs to enhance care effectiveness and appropriateness.¹⁵ Yet, concerns about cultural stereotyping and oversimplification signal the need for cautious application. Recognizing the complexity and diversity in cultural constructs is essential for delivering authentic cross-cultural care, requiring ongoing learning and adaptation to each culture nuances.⁴⁷

Strategies integrating cultural safety into medical practice, especially in multicultural settings, have been increasingly implemented. These strategies involve patient participation in care decisions and require healthcare providers to understand patients' cultural backgrounds. This approach ensures healthcare delivery is culturally congruent and respectful.^{1,48,49} Although the cultural safety model is gaining traction, specific examples of its use in humanitarian aid training remain limited.^{4,5,19,50} Cultural safety builds understanding and trust between healthcare providers and patients from diverse cultural backgrounds, addressing healthcare disparities for marginalized populations globally.¹⁹

Some humanitarian organizations, adhering to non-discriminatory principles, do not conduct specific cultural briefings.³⁸ However, feedback from aid workers suggests that the absence of cross-cultural training hinders field operations, underscoring the need for such

training to improve service quality and acclimatization.²⁷

4.3. Limitations

This study did not conduct a quality assessment of empirical publications or include quantitative data synthesis, as these are beyond the scope of scoping reviews. Future research should appraise publication quality and synthesize quantitative data.⁵¹

The inclusion of only English, Spanish, and Portuguese publications introduces language bias, potentially limiting the comprehensiveness of the review. This bias may exclude relevant studies published in other languages, leading to an incomplete understanding of cross-cultural care training in humanitarian aid.

While the study focused on mapping available literature and identifying gaps, some relevant details may have been omitted. Researchers should consult the included publications for further insights. Additionally, some teaching materials and websites from international organizations were inaccessible, often restricted to employees, representing grey literature beyond this study's scope.

4.4. Conclusions

Integrating cross-cultural care training within international humanitarian aid organizations can significantly alleviate disparities in healthcare access by reducing cultural barriers and countering discriminatory practices. Such training empowers healthcare providers in humanitarian contexts to address the diverse needs of their patients effectively, ensuring culturally appropriate and respectful care.

The literature highlights the need to implement cross-cultural care training in the education and training of humanitarian aid workers. This initiative is crucial to avoid oversimplifying cultural dynamics and align health interventions with patient community expectations and needs.

The limited number of scoped records highlights a lack of research, implementation, and documentation in this area. This review underscores the need for more research on cross-cultural care training and its practical implications in humanitarian health settings.

Author statements

Ethical approval

This scoping review utilizes existing published studies that do not contain any personally identifiable information from participants. Therefore, ethical approval from the research committee is not required.

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Competing interests

All authors declare that there is no conflict of interest.

CRediT authorship contribution statement

Maria del Mar Moreno Gomez: Conceptualization, Methodology, Investigation, Formal analysis, Writing – original draft, Writing – review & editing. **Juan Pablo Pimentel:** Conceptualization, Formal analysis, Writing – review & editing, Supervision. **Rafael Castro-Delgado:** Conceptualization, Formal analysis, Writing – review & editing, Supervision.

Data sharing

All data in this scoping review are secondary and available in the original published studies. Data produced through narrative synthesis

will be available with publication. Additional information can be supplied by the corresponding author upon request.

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