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Culturally competent nursing care as a promoter of parental empowerment in neonatal unit: A scoping review

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ABSTRACT

Problem: In neonatal units, a significant number of newborns and their respective parents and families are hospitalized, each with culturally distinct practices and perspectives that require specialized knowledge. However, the literature lacks comprehensive evidence depicting culturally competent nursing care that concurrently promotes parental empowerment in the neonatal units.
Eligibility criteria: The review was conducted following the methodology recommended by the Joanna Briggs Institute and in accordance with the Preferred Reporting Items for Systematic Reviews - Scoping Reviews (PRISMA-ScR) guidelines. Searches were performed on MedLine, CINAHL, Psychology and Behavioral Science Collection, MedicLatina, Scopus, Web of Science, the Scientific Open Access Repository of Portugal (RCAAP), Mednar, and Google Scholar. Study eligibility criteria were defined based on the PCC mnemonic.
Sample: A total of 608 records were identified for title and abstract screening, with 30 selected for full-text review. Ten studies met the inclusion criteria.
Results: The studies, published between 2002 and 2023, focused on the following cultures: Lumbee, Chinese, Jewish, Ghanaian, Nigerian, Ugandan, Mexican, Taiwanese, Iranian, and Aboriginal. Culturally competent nursing care promoting parental empowerment is categorized into: the relationship between parents and healthcare professionals, the care process, alignment of needs with community resources, alignment of needs with healthcare, and receiving information and emotional support.
Conclusions: Culturally competent care, rooted in family-centered care, promotes parental empowerment, which can consequently translate into improved quality of nursing care.
Implications: Recommendations for clinical practice, education, and research are suggested, emphasizing the importance of identifying cultural determinants and needs perceived by parents with children admitted to neonatal care units, specific to each culture present in different countries.

1. Background

In Portugal, since 1975, there has been a growing population from various cultures, inherently bringing distinctive values, beliefs, norms, and lifestyles (Pordata, 2022). This phenomenon has implications in healthcare, particularly in the hospitalization of a significant number of newborns and their parents, with culturally sensitive practices and perspectives regarding parenting.

In a neonatal unit, addressing the individuality of the pediatric client, especially the newborn and the family, is considered essential. The hospitalization of a newborn generates family instability, requires a reevaluation of expectations regarding parenthood, and demands organization and adaptation from those involved (Nascimento et al., 2022). Often occurring unexpectedly, preterm and term births pose

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challenges that lead to family separation, especially when the newborn is hospitalized in a neonatal care unit. This context is typically unfamiliar to parents, triggering a moment of shock that may impact bonding formation and development (Altimier and Phillips, 2013).

In 1991, Madeleine Leininger developed the Transcultural Nursing Theory, recognizing the importance of understanding different cultures for a holistic, humanistic, and value-respecting nursing practice (Leininger, 2001; Leininger and McFarland, 2006). The concept of transcultural nursing is associated with nurses' ability to provide culturally competent, congruent, and responsible care tailored to the needs of individuals (Campinha-Bacote, 2002; Leininger, 2001). According to Purnell (2013), a lack of knowledge regarding cultural values and beliefs can negatively impact health outcomes for the newborn and parental empowerment for home care.

The World Health Organization defined empowerment in 1998 as a continuous process in which individuals acquire understanding, confidence, and power in decision-making, ensuring they have control over their health outcomes. Rodrigues et al. (2020) reinforce that empowerment is a process of mutual participation and dialogue between healthcare professionals and clients, such as parents/caregivers of a newborn admitted to a neonatal care unit. According to these authors, by developing knowledge, confidence, and influence in decision-making, parents feel empowered to actively participate in the care of their newborn, emotionally engaging and strengthening bonding and neurological development.

For Ashcraft et al. (2019), parental empowerment emerged as a natural development from more recent concepts, such as family-centered care. This can be achieved through numerous strategies, organized into six categories: 1) the relationship between parents and healthcare professionals; 2) the family-centered care process; 3) aligning needs with community resources; 4) aligning needs with healthcare; 5) receiving information and emotional support; and 6) personal capacity development through self-reflection improvement and coping strategies of parents. According to Ashcraft et al. (2019), when culturally competent nursing care is ensured, health gains related to empowerment can be observed in six areas: 1) involvement in care provision; 2) symptom control; 3) enhanced information needs and tools; 4) involvement in decision-making; 5) advocacy for the neonate/family; and 6) empowerment.

It is noteworthy that a preliminary search conducted in MEDLINE (via PubMed), CINAHL Complete (via EBSCO), Cochrane Database of Systematic Reviews, and JBI Database of Systematic Reviews and Implementation Reports did not identify reviews or protocols that simultaneously addressed culturally competent nursing care promoting parental empowerment in neonatal care units, whether in intensive care or not.

Therefore, the reason for conducting this scoping review lies in its objectives to map and identify research focusing on culturally competent nursing care promoting parental empowerment in neonatal care units. It aims to answer the research question: "What are the culturally competent nursing care practices promoting parental empowerment in the neonatal care unit?" and the sub-questions: "What are the cultural determinants, concepts, and beliefs that can be integrated into the care of newborns and their families?" and "What are the experiences and needs of parents during the hospitalization of the newborn in a neonatal unit?".

2. Methods

This scoping review was conducted following the methodology recommended by the Joanna Briggs Institute (JBI) and in accordance with the Preferred Reporting Items for Systematic Reviews - Scoping Reviews (PRISMA-ScR) guidelines (Peters et al., 2020). The research protocol was drafted and validated by the authors, and registration was completed on the Open Science Framework.

The eligibility criteria for selecting studies were defined based on the PCC mnemonic, representing Population, Context, and Concept. Thus, this review includes studies where the Population (P) consists of parents of newborns requiring hospitalization in a neonatal care unit. Regarding the Concept (C), this review encompasses studies addressing culturally competent nursing care promoting parental empowerment. All studies focusing on neonatology units were considered.

In this review were included qualitative, quantitative, or mixed-methods studies, as well as literature reviews and grey literature. Studies in English, Portuguese, and Spanish were considered without a temporal limit.

Scientific articles where parents had psychiatric illnesses, language disorders, or a history of psychoactive substance use were excluded. Additionally, publications related to culturally competent care in situations of neonatal death and those in which the culture of the participants was not identified were excluded.

For study identification, electronic databases such as Medical Literature Analysis and Retrieval System Online (MedLine Complete) (via EBSCO), Cumulative Index of Nursing and Allied Health Literature (CINAHL Complete) (via EBSCO), Psychology and Behavioral Science Collection, MedicLatina, Scopus, and Web of Science were used. To identify unpublished studies, searches were conducted in the Scientific Open Access Repository of Portugal (RCAAP), Mednar and Google Scholar.

The search started on March 31, 2023, and was conducted in three stages. The first stage occurred on the EBSCOhost WEB platform, using the MedLine Complete and CINAHL Complete electronic databases. Natural language search terms were employed to aid in identifying keywords used in titles and abstracts, as well as indexing terms. In the second stage, natural language terms, keywords, and indexing terms were combined to form the search expression, adapted to the specificities of each database or repository. The third stage involved analyzing the bibliographic references in the previously identified records. Unpublished studies and grey literature were also sought in library repositories and Google Scholar.

The search strategies used in each database are outlined in Table I, along with the number of results obtained.

The search results were exported to the Mendeley Desktop reference manager (version 1.19.8), through which duplicate records were identified and removed. Subsequently, to aid in the article selection process, the records were input into the Qatar Computing Research Institute platform (Rayan QCRI). The eligibility of documents was determined by two independent reviewers through the assessment of titles and abstracts against the inclusion and exclusion criteria for the review, with a third reviewer consulted to resolve discrepancies. Articles meeting the eligibility criteria were retrieved in full, and the full text was thoroughly assessed for eligibility by two or more reviewers.

3. Findings

The results obtained in the different stages of study selection are presented according to the PRISMA Extension for Scoping Reviews recommendations (Tricco et al., 2018), as shown in Fig. I. The initial database search yielded 608 records. Subsequently, the titles and abstracts of all publications were reviewed, with 30 selected for full-text reading, applying the inclusion and exclusion criteria. From this analysis, 10 studies were identified and integrated into the current review, and their data were summarized and organized into a table (Table II).

The 10 articles included in the review were conducted between 2002 and 2023 in various countries: United States of America (4), Canada (2), South Africa (1), Brazil (1), Iran (1), and Norway (1) (Table II). Data were obtained from various cultures, including Lumbee, Chinese, Jewish, African (Ghanaian, Nigerian, and Ugandan), Mexican, Taiwanese, Iranian, and Aboriginal (Table III).

The description of cultural determinants, concepts, and beliefs, as well as the needs and experiences of parents during the hospitalization of newborns in the Neonatal Care Unit (NCU), is presented in Table III. In the same table, culturally competent nursing care associated with

Table 1
Research strategy used in each database and results obtained.

Date	Database	Research strategy	Results obtained (nº)
March 31, 2023	MedLine Complete	"parent*"[Title/Abstract] OR "mother*"[Title/Abstract] OR "father*"[Title/Abstract] OR "parenting"[MeSH Terms] OR "parents"[MeSH Terms] OR "mothers"[MeSH Terms] OR "fathers"[MeSH Terms] OR "caregivers"[MeSH Terms]) AND "transcultural nurs*"[Title/Abstract] OR "cultural practices"[Title/Abstract] OR "culturally competent care"[Title/Abstract] OR "cultural diversity"[Title/Abstract/MeSH Terms] OR "empowerment"[Title/Abstract/MeSH Terms] OR "transcultural nursing"[MeSH Terms] OR "culturally competent care"[MeSH Terms] OR "cultural determinants"[Title/Abstract] OR "cultural factors"[Title/Abstract] AND "neonatal*"[Title/Abstract] OR "NICU"[Title/Abstract] OR "neonatal intensive care unit"[Title/Abstract] OR "newborn intensive care unit"[Title/Abstract] OR "intensive care units, neonatal"[MeSH Terms] OR "neonatal nursing"[MeSH Terms] OR "intensive care, neonatal"[MeSH Terms]	173
March 31, 2023	CINAHL Complete	MH parenting OR MH mothers OR MH fathers OR MH parents OR MH family OR MH parenthood OR MH "ethnic groups" OR MH caregivers AND MH "transcultural nursing" OR MH culture OR MH "cultural diversity" OR MH "cultural differences" OR MH "cultural competence" OR MH empowerment AND MH "neonatal nursing" OR MH "neonatal intensive care nursing" OR MH "neonatal intensive care units" OR MH "neonatal intensive care" OR TI NICUOR AB NICU OR TI neonatal* OR AB neonatal* OR MH neonatology	132
April 03, 2023	Scopus	((TITLE-ABS-KEY (parent*)) AND ((TITLE-ABS-KEY ("transcultural nursing") OR TITLE-ABS-KEY ("cultural determinant*") OR TITLE-ABS-KEY ("cultural factor*") OR TITLE-ABS-KEY ("cultural practice*") OR TITLE-ABS-KEY ("culturally competent care") OR TITLE-ABS-KEY OR TITLE-ABS-KEY (empowerment) OR TITLE-ABS-KEY ("cultural competence")) AND ((TITLE-ABS-KEY (neonatal*) OR TITLE-ABS-KEY (neonatology) OR TITLE-ABS-KEY ("neonatal nursing") OR TITLE-ABS-KEY ("neonatal intensive care unit*") OR TITLE-ABS-KEY ("neonatal intensive care") OR TITLE-ABS-KEY ("NICU")))	289
April 03, 2023	Psychology Behavioral Science Collection	TI parent* OR AB parent* OR TI mother* OR AB mother* OR TI father* OR AB father* AND TI "transcultural nurs*" OR AB "transcultural nurs*" OR TI "cultural practices" OR AB "cultural practices" OR TI "culturally competent care" OR AB "culturally competent care" OR TI "cultural diversity" OR AB "cultural diversity" OR TI empowerment OR AB empowerment AND TI neonatal* OR AB neonatal* OR TI NICU OR AB NICU OR TI "neonatal intensive care unit" OR AB "neonatal intensive care unit" OR TI "newborn intensive care unit" OR "newborn intensive care unit"	8
April 03, 2023	MedicLatina	TI parent* OR AB parent* OR TI mother* OR AB mother* OR TI father* OR AB father* AND TI "transcultural nurs*" OR AB "transcultural nurs*" OR TI "cultural practices" OR AB "cultural practices" OR TI "culturally competent care" OR AB "culturally competent care" OR TI "cultural diversity" OR AB "cultural diversity" OR TI empowerment OR AB empowerment AND TI neonatal* OR AB neonatal* OR TI NICU OR AB NICU OR TI "neonatal intensive care unit" OR AB "neonatal intensive care unit" OR TI "newborn intensive care unit" OR "newborn intensive care unit"	6

each culture is also described, presented according to the six categories promoting parental empowerment proposed by Ashcraft et al. (2019).

4. Discussion

The analysis of the results was organized into three categories: 1) determinants, conceptions, and cultural beliefs associated with parenthood and newborn care; 2) needs and experiences of parents during the hospitalization of the newborn in the neonatal care unit; 3) culturally competent nursing care promoting parental empowerment. Subcategories are presented for the mentioned categories.

4.1. Determinants, conceptions, and cultural beliefs associated with parenthood and newborn care

4.1.1. Regarding parenthood

The analysis of the results reveals that culture plays a significant role in the practice of parenthood and family structure in various societies. According to Cleveland and Horner (2012), in various cultures, family members often play a significant role in parental decision-making, providing support, and preserving family values and cultural practices. According to the study by Nyaloko et al. (2023), senior family members hold a prominent and influential position in the family structure, impacting the child's parenthood development and advocating practices that occasionally conflict with clinical guidelines.

Results from studies conducted by Brooks et al. (2016) and Merritt (2013) respectively highlight the strong roots of Lumbee and Chinese cultures in family bonds. In Lumbee culture, shared parenting is practiced, where the mother assumes the primary caregiving role, but the extended family, usually living in proximity, actively participates in child care (Brooks et al., 2016).

In Merritt's literature review (2013), it is mentioned that in Chinese culture, the philosophies of Confucianism and Taoism are respected,

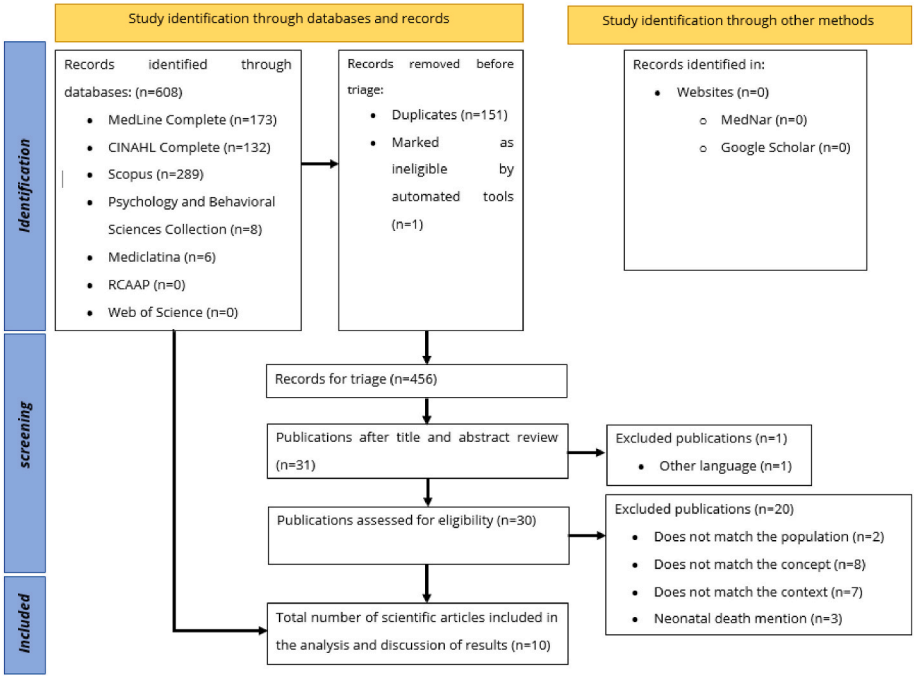

Fig. 1. PRISMA flowchart (adapted) of the study selection process.

emphasizing constant harmony with others, loyalty to the family, and filial piety, with parents taking the primary responsibility for the child's health. Regarding family structure, the author notes that the father holds a position of power and responsibility over the family, while the woman assumes a more submissive role. The extended family includes all those providing support and assistance, including friends. Elements of Chinese culture are educated to be modest, self-controlled, and exhibit confidence and restraint.

In the study by Heidari et al. (2012), it is emphasized that in Iranian culture, the responsibility for household and family management belongs entirely to the woman, causing disruptions in family processes when a newborn requiring hospitalization is born. While the mother accompanies the neonate in the NICU, the father takes on the responsibility of household tasks, caring for other children, and remaining in his employment.

Culture also influences the naming of the child, a phenomenon particularly noticeable in Jewish culture (Nyaloko et al., 2023). According to the results presented in the review by Nyaloko et al. (2023), the naming ritual is highly valued in Jewish culture and should take place eight days after the birth of a male newborn and on the first Saturday after the birth of a female newborn. However, sick newborns, especially those hospitalized in the NICU, do not receive a name, as death is conceived very negatively by the broader community. In agreement, Heidari et al. (2012) describe that the socio-cultural structure in Iran is based on the glorification of the perfect form and finds reasons to discard anything falling short of perfection, considering a premature or medically challenged child as a punishment or curse.

4.1.2. Regarding newborn care

The care provided to the newborn suggests variations between cultures, reflecting their specific traditions and beliefs. Regarding newborn feeding, Heidari et al. (2012) describe the importance Iranian mothers attach to breastfeeding and its ability to nourish their children, leading to a sense of parental incompetence when this possibility is compromised. Nyaloko et al. (2023) highlight that in certain cultures, such as the Jewish culture, there is a belief that only mothers of the same culture can be milk donors for premature newborns since they follow the same diet, thus preserving cultural identity and ensuring the transmission of values and traditions. Similarly, in Islamic culture, mothers from any culture can be milk donors for premature newborns, but they cannot be anonymous. According to the same authors, both cultures do not allow marriage between newborns fed with the same milk, as they are considered "milk siblings."

Regarding the practice of bathing, Nyaloko et al. (2023) identify that cultures in countries such as Ghana, Uganda, and the southern region of India often perform newborn hygiene care in water with traditional herbs immediately after birth. These practices are rooted in beliefs that the ritual protects the newborn from evil spirits and diseases, stimulating their growth. In the same article, the authors reveal that in regions like Lebanon and China, massaging newborns with various oils is common. In China, the Yakson technique stands out, where parents gently touch the sick newborn as a non-pharmacological measure for pain and suffering relief. Considering the literature review by Nyaloko et al. (2023), the practice of massaging newborns results in numerous benefits such as relaxation, increased vagal activity, increased gastric motility, and weight gain.

According to the study by Wiebe and Young (2011), Aboriginal parents practice a welcoming ritual in which long sweetgrass braids are formed, producing a sweet aroma when burned, envisioning the purification of the newborn, and aunts and grandmothers sing traditional songs during birth for cultural integration.

Regarding the positioning of the newborn, Nyaloko et al. (2023) identify the practice performed by Nigerian mothers of extending and flexing the newborn's limbs, believing it promotes neuro-motor development, ensures mobility and body alignment, and increases bone density. According to the study by Merritt (2013), mothers of Chinese culture are reluctant to practice kangaroo care - skin-to-skin contact. This phenomenon can be explained due to the rituals the mother must reproduce after childbirth, which prevent body cooling to recover their energy (known as chi) and strengthen their constitution (Merritt, 2013).

4.2. Needs and experiences of parents during the hospitalization of the newborn in the neonatal care unit

The hospitalization of a newborn in the NICU corresponds to a profoundly stressful experience for parents (Cleveland and Horner, 2012).

Table 2
Characterization of studies included in the scoping review.

Author |Title	Country/ Year	Study Type	Objectives	Participants
- Brooks, J., Holdtich-Davis, D., Docherty, S., & Theodorou, C. - Birthing and Parenting a Premature Infant in a Cultural Context	USA, 2016	Longitudinal, qualitative, descriptive	To explore American Indian (AI) mothers' perceptions of parenting their premature infants over their first year of life in the context of their culture, including the birth and hospitalization experience.	17 AI mothers and their premature infants were recruited from either a neonatal intensive care unit (NICU) or paediatric clinic in the southeast.
- Merritt, L. - Communicating with Chinese American Families in the NICU Using the Giger and Davidhizar Transcultural Model	USA, 2013	Literature review	To describe how NICU nurses can communicate with one such culture, the Chinese American, the largest Asian group in the United States	Chinese parents with premature children admitted to a neonatal intensive care unit (NICU).
- Bracht, M., Kandankery, A., Nodwell, S., & Stade, B. - Cultural differences and parental responses to the preterm infant at risk: strategies for supporting families	Canada, 2002	Literature review	To describe the initiation and development of a multicultural program at MSH to support families of infants at risk for developmental disabilities.	Not applicable
- Nyaloko, M., Lubbe,W., Moloko-Phiri, S. S., & Shopo, K. D. - Exploring cultural determinants to be integrated into preterm infant care in the neonatal intensive care unit: an integrative literature review	South Africa, 2023	Integrative literature review	To synthesise literature on the cultural determinants that can be integrated into care of preterm infants admitted into the neonatal intensive care unit.	Not applicable
- Cleveland, L.M., & Horner, S.D. - Normative cultural values and the experiences of mexican-american mothers in the neonatal intensive care unit	USA, 2012	Qualitative-exploratory study	To explore the experiences of Mexican-American mothers who have had infants in the neonatal intensive care unit (NICU).	15 mexican-american mothers of premature in the NICU, capable of speaking english.
- Wiebe, A., & Young, B. - Parent perspectives from a neonatal intensive care unit: a missing piece of the culturally congruent care puzzle	Canada, 2010	Qualitative-exploratory study	To explore parent perceptions of culturally congruent care within a tertiary neonatal intensive care unit based on interviews with culturally diverse families with hospitalized infants.	21 families with their babies in the NICU.
- Nascimento, A., Morais, A., Souza, S., & Whitaker, M. - Percepção da prematuridade por familiares na unidade neonatal: estudo transcultural	Brazil, 2022	Qualitative, descriptive and exploratory study	Understanding the experiences of families in the neonatal environment.	16 families of premature babies hospitalized in the NICU.
- Martin, A. E., D'Agostino, J. A., Passarella, M., & Lorch, S. A. - Racial differences in parental satisfaction with neonatal intensive care unit nursing care	USA, 2016	Cohort study	To examine parental expectations and satisfaction with NICU nursing care, and how these expectations may differ between black and white families.	120 families of neonatal babies who were hospitalized in a NICU in the last 2 years (after the questionnaires).
- Heidari, H., Hasanpour, M., & Fooladi, M. - The Iranian parents of premature infants in NICU experience stigma of shame	Iran, 2012	Qualitative study	To explore experiences of Iranian parents with a hospitalized premature infant in Neonatal Intensive Care Unit (NICU) and examine socio-cultural factors associated with having a less than perfect infant.	21 people (parents of a newborn hospitalized in a NICU in the last 24h, without any prior experience; nurses and doctors with a minimal 6 month experience in NICU in order to understand the professional dynamic).
- Kynoe, N. M., Fugelseth, D., & Hanssen, I. - When a common language is missing: nurse-mother communication in the NICU. A qualitative study	Norway, 2020	Qualitative study	To explore how communication in neonatal intensive care units (NICUs) between immigrant mothers and nurses take place without having a common language, and how these mothers experience their NICU stay	8 mothers who did not speak english or scandinavian as well as 8 nurses.

According to Bracht et al. (2002), this situation is even more devastating for parents belonging to cultural minorities due to linguistic barriers and cultural differences affecting their emotional responses, the utilization of health services, and the relationship they build with healthcare professionals.

In the analysed scientific literature, feelings of guilt, isolation, and fear in the face of NICU hospitalization are notably present, along with challenges in communication with healthcare professionals (Wiebe and Young, 2011; Nascimento et al., 2022). Merritt's study (2013) emphasizes the feelings of isolation among Chinese parents when there are language barriers. Moreover, in Chinese culture, healthcare professionals are perceived as figures of power, leading parents to avoid asking questions to demonstrate respect, thereby complicating communication. Wiebe and Young (2011) reinforce the difficulties experienced by Canadian immigrant and Aboriginal parents who do not understand information, scientific terms, and their children's health situations but show reluctance to ask questions for fear that the newborn will lose access to healthcare.

A study by Bracht et al. (2002) in a hospital in Toronto revealed the feelings of isolation experienced by parents during neonatal hospitalization, reinforcing the importance of identifying a cultural element experiencing the same transitions with whom experiences could be shared. Additionally, the need for translated informational materials, more efficient availability of interpreters, and the lack of community resources suitable for culture were identified.

In the integrative literature review by Nyaloko et al. (2023), it is found that mothers in Ghana put bracelets and necklaces on the newborn, while mothers in Taiwan place the Buddhist wheel of dharma in incubators to protect their neonate from evil spirits. Mexican families place personal items, such as clothing, bibles, and family photos, to comfort and stimulate bonding with the hospitalized newborn. Cleveland and Horner (2012) highlighted the parents' need to personalize the newborn unit with familiar items (photos, clothing, blankets, and religious figures) because they consider everything the neonate possesses to be from the hospital.

Lumbee tribe mothers, during hospitalization, reported a lack of

Table 3
Determinants, cultural concepts and beliefs, needs, and experiences of parents during the hospitalization of the newborn in the NCU, and culturally competent nursing care promoting parental empowerment associated with each culture.

Ethnicity/Culture Author(s) of the studies	Determinants, cultural concepts and belifs		Needs and experiences of parents during the hospitalization of the newborn in the Neonatal Care Unit	Culturally competent nursing care promoting parental empowerment
	Associated with parenthood	Associated with newborn care		
Lumbee (native american tribe) -Brooks et al. (2016)	- Extended family involvement - Shared and permissive parenting		- Lack of preparation - Uncertainty and guilt - Lack of communication - Lack of involvement in caregiving - Desire for recognition	- Cultural factors are considered: identify and integrate cultural background rather than ignoring it or making incorrect assumptions. - Sensitive and respectful cultural practices.
Chinese -Merritt (2013) -Bracht et al. (2002) -Nyaloko et al. (2023)	- Extended family involvement - Man has a dominant role - Child as the future of the family	- Massage and Yakson. - Reluctance in using the kangaroo method.	- Guilt - Isolation - Failure in asking questions.	- Contemplate culturally adapted infant massage sessions. - Provide non-punitive communication and culturally sensitive interpreters. - Offer clear and precise information that responds honestly and listens to fears. - Supply linguistically and culturally adapted informational material. - Assess social support needs.
Jewish -Nyaloko et al. (2023)	- Name giving	- Breastfeeding (similar to the Islamic culture)		- Assess with the parents how and when will they name the baby.
Ghanaian -Nyaloko et al. (2023)		- Bath	- Symbol use	- Consider to perform the bath after a period of at least 6h following childbirth, in accordance to cultural factors.
Uganda -Nyaloko et al. (2023)		- Bath		- Consider to perform the bath after a period of at least 6h following childbirth, in accordance to cultural factors.
Nigerian -Nyaloko et al. (2023)		-Limb extension/ flexion		
Mexican -Bracht (2002) -Nyaloko et al. (2023) -Cleveland and Horner (2012)			-Customization of the newborn unit.	
Taiwanese - Nyaloko et al. (2023)			-Symbol use	
Iranian - Heidari et al. (2012)	- Household and family management belongs to the woman - Glorification of the perfect form.	- Breastfeeding		-Clear information, basic language, listening to fears and concerns. -Emotional support.
Canadian aborigines -Wiebe and Young (2011)		- Welcome ritual with sweetgrass braids.	- Guilt - Isolation - Reluctance to ask questions - Challenges in communication	- Emotional support

communication with healthcare professionals about their neonate's care plan (Brooks et al., 2016). There were also reports of mothers facing adverse situations when expressing interest in actively participating in the care of their newborns. As a result, many described a feeling of not fully experiencing motherhood during the hospitalization period. The lack of opportunity to develop their parenthood resulted in feelings of fear and insecurity upon hospital discharge (Brooks et al., 2016). It is relevant to reflect on the mothers' expressed desire to be recognized as belonging to the Native American indigenous culture, rather than being mistakenly identified as belonging to another culture based on physical traits. Martin, D'Agostino, Passarella & Lorch (2016) describe parents' accounts of situations of disrespect, discrimination, and authoritarian behavior by healthcare professionals, expressing difficulty in building a trusting relationship.

4.3. Culturally competent nursing care promoting parental empowerment

Nursing care that is culturally competent, associated with each culture, identified in this scoping review, has been grouped according to the six categories promoting parental empowerment proposed by Ashcraft et al. (2019).

4.4. Parent and healthcare professionals relationship

According to Ashcraft et al. (2019), the relationship between parents and healthcare professionals can be positively influenced when there is clear and active communication, the promotion of trust and continuity of care, and the approach to parents as relevant partners with value in the multidisciplinary team. In agreement, studies conducted by Merritt (2013) and Wiebe and Young (2011) describe that the trust relationship is strengthened when nurses provide clear and accurate information about the newborn to parents and caregivers, using basic language, and when they listen to their fears and concerns. Merritt (2013) also states that communication should be adapted to the cultural needs of parents and should be carried out in a non-punitive manner, using validation techniques.

4.5. Family-centered care process

Similar to the strategies mentioned in the relationship with healthcare professionals, parental empowerment can be achieved through decision-making and goal-setting in partnership with parents and through the provision of family-centered care (Ashcraft et al., 2019).

Bracht et al. (2002) emphasize that healthcare professionals should adapt care and communication strategies to parents as they are experiencing a crisis period and may be less flexible. According to the study conducted by Kynoe et al. (2020), parents identify that it is not necessary to have knowledge of their language to demonstrate intentionality in care, highlighting the importance of non-verbal communication.

Similarly, Brooks et al. (2016) and Merritt (2013) identified the essential role of the nurse in identifying and understanding the cultural background of parents to plan and provide care considering the needs and cultural factors of parents/caregivers. Thus, nurses should be sensitive, respectful, and integrate client cultural practices when providing care.

Nyaloko et al. (2023) emphasize that it is possible to integrate certain newborn care practices into NICU care, promoting culturally competent care. They also reinforce that due to cultural beliefs, the practice of hygiene care may be performed earlier than recommended, respecting a period of at least 6 h after childbirth. Regarding newborn massage practices, they highlight that sessions should be encouraged and conducted to be adapted to the culture of the parents in question.

4.6. Alignment of needs with community resources

The alignment of needs with available community resources can occur through parents' access to appropriate information about the services they can seek (Ashcraft et al., 2019). When providing care, nurses should assess the social support needs expressed by parents/caregivers to be able to refer them to appropriate community resources that are available (Merritt, 2013).

The study by Bracht et al. (2002) reveals a difference in the use of community resources by groups of different cultures, occasionally due to a lack of knowledge about the healthcare system and the absence of linguistically appropriate information. Thus, it is essential to identify culturally adapted community services and resources and establish a connection between these and parents, prior to hospital discharge, for example, through a referral service formed by a committee.

4.7. Alignment of needs with healthcare

The alignment of needs with healthcare can be achieved through the identification of care adapted to newborns that corresponds to their clinical requirements, the provision of home care, and symptomatic management (Ashcraft et al., 2019). According to the previously described information, Bracht et al. (2002) emphasize that, in addition to referring to community resources, scheduling and conducting home visits by healthcare professionals who speak the same language as the family and ensure culturally sensitive care for the newborn, especially in activities that stimulate the growth and development of the infant, is relevant. According to the same authors, it is highlighted that newborns with special care needs may be referred to institutions that provide highly specialized nursing care and culturally adapted rehabilitation sessions for the newborn and the family.

4.8. Receiving information and emotional support

The studies conducted by Wiebe and Young (2011) and Heidari et al. (2012) reinforce the need that parents feel for emotional support during their child's hospitalization in the NICU.

The analysed scientific literature also reveals several strategies that nurses and other healthcare professionals can adopt to inform both parents and the extended family. According to Nyaloko et al. (2023), senior family members tend to prefer traditional care practices over contemporary ones. Therefore, it is essential for nurses to include senior family members in health education programs to ensure safe and culturally competent care practices.

The Multicultural Committee of the NICU at a hospital in Toronto developed a support program among parents from various cultures, establishing a connection between a buddy and a family hospitalized in the NICU, sharing the same culture. This allows parents to interact promptly with healthcare professionals and participate more actively in newborn care (Bracht et al., 2002).

Merritt (2013) highlights that when there are communication barriers between healthcare professionals and parents, especially related to language differences, nurses should use a gentle and caring tone and enlist a culturally sensitive interpreter. The interpreter should not only translate the conversation but also convey the cultural beliefs and values of parents and family members. According to the same publication, nurses can provide linguistically and culturally appropriate educational and informative material to the families they care for. Kynoe et al. (2020) acknowledge that in the absence of interpreters, it is relevant to simultaneously use digital translators, but it should be understood that, despite being an easy strategy, it may have limitations in accurate translation.

4.9. Personal capacity development through self-reflection improvement and coping strategies of parents

Finally, Ashcraft et al. (2019) argue that parental empowerment can be promoted through parents' processing and internalization of their own journey and the development of their narrative, by redefining the new normal, identifying coping strategies, and perceiving their influence on caring for their child.

Regarding coping strategies, the relationship with religious and spiritual practices is found in the analysed studies. According to Nyaloko et al. (2023), religious and spiritual practices should be integrated into the care of hospitalized newborns, and healthcare professionals should inform parents/caregivers about the areas and resources available in the hospital.

Furthermore, related to this theme, the authors identify that healthcare professionals should assess with parents how and when they will name the newborn. In response to this intervention, there is a redefinition of the new normal by parents and an increased perception of their influence on childcare, promoting parental empowerment (Nyaloko et al., 2023).

5. Conclusion

The present scoping review identified determinants, beliefs, and cultural conceptions, as well as the needs and experiences of parents during the hospitalization of newborns in the neonatal care unit within the Lumbee, Aboriginal, Chinese, Jewish, African (Ghanaian, Nigerian, and Ugandan), Mexican, Taiwanese, and Iranian cultures. Culturally competent nursing care promoting parental empowerment in the neonatology unit was also described, structured according to the categories proposed by Ashcraft et al. (2019).

This review highlights existing gaps in the field, serving as a comprehensive informational tool supporting research and decision-making regarding potential strategies for culturally competent qualification and intervention, with a focus on supporting families and parenthood. Therefore, it is suggested that further studies be conducted to more deeply and specifically identify cultural determinants and needs experienced by parents with children hospitalized in neonatal care units, specific to the cultures identified in each country's care units. This approach aims to increasingly individualize and tailor care to be culturally competent.

In terms of clinical practice, the establishment of working groups and/or cultural committees integrated into care units, along with the implementation of training programs, appears to emerge as support for the analysis of clinical practices and the improvement of professionals' qualification and intervention in the areas of transcultural education and communication. These efforts may minimize disparities and contribute to the enhancement of culturally competent nursing care, inherently supporting families and parenthood.

A limitation of the study is the restriction of languages to Portuguese, English, and Spanish, as the inclusion of other languages could have brought relevant contributions. Additionally, the methodological quality assessment of the studies was not conducted, as it is optional according to the methodology. However, such an assessment could have provided valuable insights into the discussion of the results.

Credit statement

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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