



GLOBAL RESEARCH TRENDS ON COMMUNICATION PRACTICES AMONG INTERNATIONAL NURSES IN MULTICULTURAL HEALTHCARE SETTINGS: A BIBLIOMETRIC ANALYSIS

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ABSTRACT

The mobility of nurses across borders continues to increase, reinforcing cultural and linguistic diversity in healthcare settings. International nurse communication practices are crucial for ensuring patient safety, team coordination, and effective therapeutic relationships. Although publications on communication among international nurses in multicultural settings are growing, the global knowledge landscape remains fragmented and has not been comprehensively mapped through bibliometric approaches. Objective to map publication performance, geographic contributions, and the dynamics of research themes related to communication practices in international nurses in multicultural healthcare environments. A bibliometric study was conducted using the Scopus database (Elsevier) with publication coverage spanning 1994–2025. The search strategy combined keywords representing international or migrant nurses, clinical and interprofessional communication practices, and multicultural or cross-cultural contexts in the Title–Abstract–Keywords columns. The documents analyzed were limited to articles and reviews according to the Population, Concept, Context (PCC) criteria, resulting in 38 documents for mapping. Keyword co-occurrence mapping, overlay maps, and density maps were performed using VOSviewer. Publications showed a long period of sporadic productivity, then increased sharply in the most recent period with a peak in 2025. The co-occurrence map places general and population terms as central nodes such as article, human, nursing, adult, male, and female, with major theme clusters reflecting strengthening of cross-cultural education and competency in nursing, dimensions of psychology and interpersonal communication, and increased attention to measurement aspects and methodological rigor through questionnaires, psychometrics, and repeatability of results. The overlay map indicates a shift from an initial focus on organizational context and service quality to strengthening the theme of cross-cultural communication education, then evolving towards standardization and validation of measurements, including cross-cultural comparisons and language issues. The density map highlights the largest hotspots in the general terms population and nursing that are networked with interpersonal communication, cultural factors, and the theme of measurement and quality of evidence. Research on international nurse communication practices in multicultural healthcare has shown a strengthening trend in the recent period, with published contributions still concentrated in countries with established research ecosystems. The thematic landscape confirms that communication is understood as part of cross-cultural competence and the safety of clinical collaboration, while also moving towards the need for more valid and replicable measurements.

Keywords: bibliometric analysis; clinical communication; cross-cultural communication; international nurses; multicultural services

How to cite (in APA style)

Wahyudi, A. Y., & Rosa, E. M. (2026). Global Research Trends on Communication Practices among International Nurses in Multicultural Healthcare Settings: A Bibliometric Analysis. *Indonesian Journal of Global Health Research*, 8(3), 1433–1446. <https://doi.org/10.37287/ijghr.v8i3.1588>.

INTRODUCTION

The mobility of healthcare workers across borders continues to increase due to globalization, population aging, and the unequal distribution of nursing personnel across regions. The World Health Organization reports that approximately one in eight nurses practices in a country different from the one in which they were born or trained, highlighting the significant role international nurses play in supporting healthcare across diverse service systems (Organization, 2020). In addition, in OECD countries the number of foreign-educated nurses continues to grow and is reported to have exceeded 800,000 by 2023, indicating a growing reliance on nurse recruitment and migration (Development, 2025). These conditions have made healthcare facilities increasingly multicultural, both for patients and healthcare workers. In an environment with diverse languages,

communication norms, and cultural values, nursing practice requires not only clinical competence but also effective, safe, and culturally sensitive communication skills (Teixeira et al., 2022). The International Council of Nurses (ICN) emphasizes that nurse mobility can bring opportunities for multicultural learning and practice, but also poses adaptation challenges in the host country that must be managed ethically and systematically (Nurses, 2019). Communication is a key foundation for patient safety and continuity of care, especially during transitions such as handovers. WHO, through its Patient Safety Solutions, has identified communication during handovers as a critical area because communication weaknesses can lead to the loss of critical information, increase the risk of errors, and disrupt team coordination (Organization, 2007). In a multicultural context, these risks may increase when healthcare workers work with differences in language, accent, communication style, and professional expectations.

Scientific evidence shows that language barriers in healthcare are associated with miscommunication, reduced quality of care, and increased risks to patient safety (Dewi Mulfiyanti & Andi Satriana, 2022). For international/foreign-educated nurses, communication challenges often occur not only in nurse-patient interactions, but also in intra-team communication, documentation, and handovers, which are heavily influenced by local work culture (Chung et al., 2022). A systematic review of internationally educated nurses highlighted the relationship between work experience in a new country and patient safety competencies, including communication dynamics, cultural adaptation, and integration into the work system (Sezgin & Bektas, 2023). Several studies have also shown that international nurses' clinical communication with colleagues is influenced by language and cultural factors, but the root of the problem is not always solely with international nurses; the work environment, team acceptance, and organizational communication norms also determine the quality of collaboration (Teixeira et al., 2022). Thus, communication in international nurses in multicultural settings needs to be understood as a multi-layered practice: involving individuals, teams, organizations, and cross-cultural and linguistic contexts (Hsu et al., 2024). With the increase in nurse migration and the complexity of multicultural care, publications on communication, cultural competence, handover, and adaptation in international nurses are likely to grow. However, this growing body of literature is often scattered across disciplines and themes, leaving a comprehensive understanding of publication growth patterns, most influential contributors, global collaborative networks, and dominant and underexplored research themes uncharted. This mapping gap has the potential to hinder the formulation of a more targeted research agenda and communication interventions for international nurses in multicultural care.

Bibliometric analysis is a relevant approach to systematically mapping the scientific landscape through publication performance analysis and science mapping (e.g., citations, co-authorship, keyword co-occurrence) (Kokol & Blažun Vošner, 2019; Zupic & Čater, 2014). The use of tools such as VOSviewer allows the visualization of bibliometric networks (co-authorship, co-citation, co-occurrence) so that the dynamics of themes and the knowledge structure of a field can be seen more clearly. Therefore, this study aims to conduct a bibliometric analysis entitled “Global Research Trends on Communication Practices among International Nurses in Multicultural Healthcare Settings: A Bibliometric Analysis” to (1) map the growth and distribution of publications, (2) identify the most influential authors, institutions, countries, and journal sources, and (3) examine the evolution of themes and research hotspots in communication among international nurses in multicultural healthcare settings. The results are expected to be a basis for researchers, educators, service managers, and policy makers in developing research and strategies for strengthening communication that are more effective, safe, and culturally sensitive.

METHOD

Design

This study uses bibliometric analysis to map trends and knowledge structures regarding communication practices among international nurses in multicultural healthcare settings.

Bibliometric analysis is a quantitative approach to evaluating scientific literature by mapping publication patterns, citations, collaboration networks, and keyword-based conceptual linkages (Donthu et al., 2021). This approach allows for the identification of key scientific actors (authors, institutions, countries), primary publication sources, and the evolution of research themes globally.

Data Sources and Search Strategy

A literature search was conducted using Scopus (Elsevier) due to its broad multidisciplinary coverage and compatibility with bibliometric analysis tools such as VOSviewer. The search strategy was designed to capture three core components: (1) international nursing, (2) communication practices, and (3) multicultural/cross-cultural contexts. The search was conducted in the Title–Abstract–Keywords fields using the following keyword combinations (Scopus Advanced Search format):

(TITLE-ABS-KEY (nurse*) OR TITLE-ABS-KEY (nursing) OR TITLE-ABS-KEY ("clinical nurse") OR TITLE-ABS-KEY ("registered nurse") OR TITLE-ABS-KEY ("international nurse*") AND TITLE-ABS-KEY ("pre conference") OR TITLE-ABS-KEY ("post conference") OR TITLE-ABS-KEY ("pre-conference") OR TITLE-ABS-KEY ("post-conference") OR TITLE-ABS-KEY (briefing) OR TITLE-ABS-KEY (debriefing) OR TITLE-ABS-KEY ("clinical handover") OR TITLE-ABS-KEY ("nursing handover") OR TITLE-ABS-KEY ("shift handover") OR TITLE-ABS-KEY ("shift report") OR TITLE-ABS-KEY ("nursing communication") AND TITLE-ABS-KEY (multicultural) OR TITLE-ABS-KEY ("multicultural environment") OR TITLE-ABS-KEY ("cultural diversity") OR TITLE-ABS-KEY ("cross-cultural") OR TITLE-ABS-KEY ("transcultural nursing") OR TITLE-ABS-KEY (expatriate) OR TITLE-ABS-KEY ("foreign nurse*")) To ensure relevance, search results were then filtered by document type restrictions (articles and reviews) and evaluated for their suitability to the study focus. The publication year range covered in the final dataset followed the coverage of documents obtained in the Scopus export (1994–2025, a total of 38 documents) in English (Figure 1).

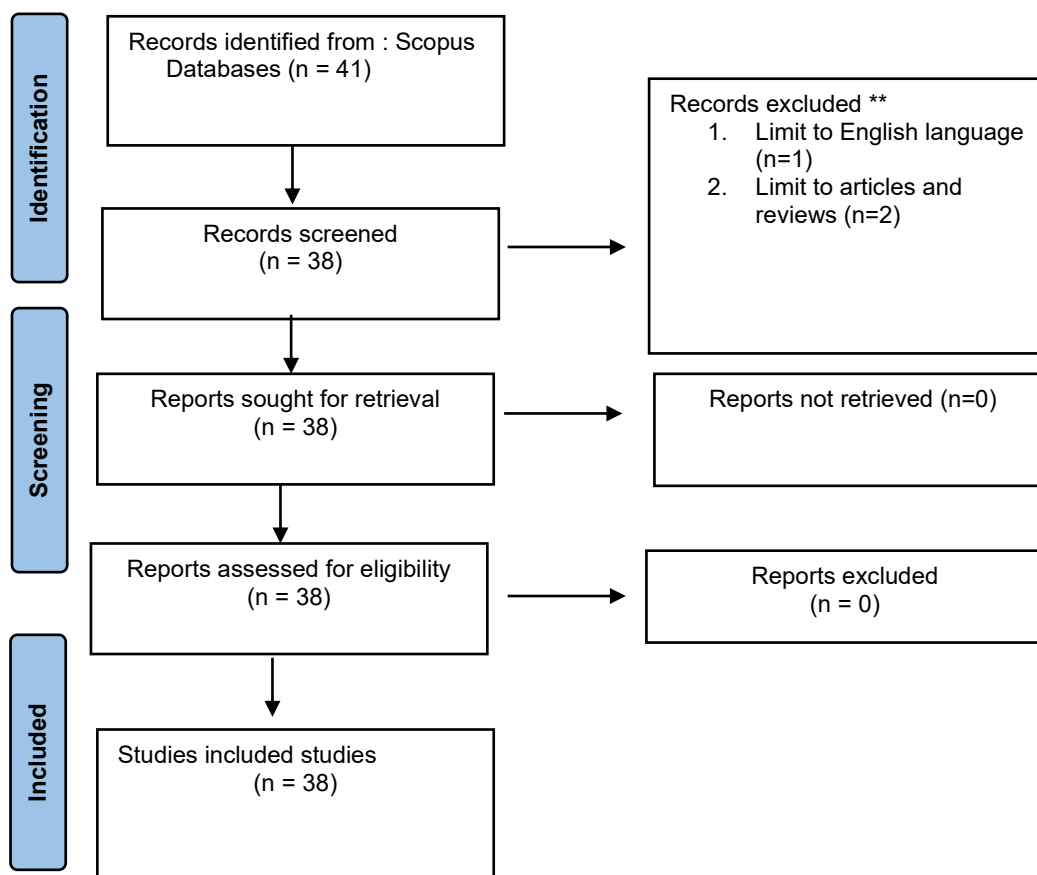


Figure 1. PRISMA Flow Diagram

Inclusion and Exclusion Criteria

Inclusion criteria were established using the Population–Concept–Context (PCC) framework as follows: Population: international/migrant nurses (e.g. internationally educated nurses, foreign-educated nurses, overseas nurses) working in the destination country. Concept: communication practices in service (e.g. clinical communication, team communication, nurse–patient communication, handover/handoff, language barriers). Context: multicultural/cross-cultural health care settings (e.g., cross-cultural, transcultural, culturally diverse, language-related contexts). Documents were excluded if: (1) they did not involve international nurses or did not distinguish between international/migration contexts, (2) they did not address communication as the main focus/substance, (3) they were not articles or reviews (e.g., editorials, notes, erratums), or (4) the context was not related to healthcare (e.g., non-clinical communication).

Data Extraction and Coding

Bibliographic data extracted from Scopus included title, author, year of publication, source/journal, institutional affiliation, country, abstract, keywords (author keywords and index keywords if available), and number of citations (TC). Files were exported in a format compatible for network analysis (e.g., CSV/RIS). The data cleaning process included standardizing equivalent terms (e.g., handoff vs. handover; internationally educated nurses vs. foreign-educated nurses) and unifying spelling/label variations to improve keyword mapping accuracy.

Bibliometric and Network Analysis

Bibliometric analysis was conducted to describe publication performance and map the knowledge structure on the topic of communication practices among international nurses in multicultural healthcare settings. Performance analysis was used to assess annual publication trends, the most productive journal sources, the most cited documents (TC), and country and institutional contributions. Furthermore, science mapping was conducted to evaluate interconcept relationships and collaboration patterns through co-authorship network analysis (author, institution, and country collaboration) and keyword co-occurrence analysis to identify dominant themes and research topic clusters. Theme development over time was analyzed using overlay maps, while hotspot areas with the highest intensity of occurrence and connectivity were evaluated through density visualization. Bibliometric network visualization was performed using VOSviewer, while descriptive calculations such as frequency, annual trends, citation tables, and country distributions were calculated using Microsoft Excel. Co-occurrence maps were constructed based on keywords with the application of a minimum occurrence threshold adjusted to the dataset size to ensure the resulting clusters remain interpretable and relevant to the research focus.

Statistical Analysis

Descriptive statistics are used to summarize publication characteristics and bibliometric indicators, and are presented as frequencies, percentages, and trend summaries (e.g., annual growth of publications and distribution of documents per country).

Visualization

The visualization output includes: a graph of documents per year, document distribution by country/region, a table of the 10 most cited publications, and a VOSviewer map consisting of a keyword co-occurrence network, an overlay map, and a density map. This visualization is used to facilitate the interpretation of the dynamics of global research on international nurse communication practices in multicultural healthcare settings.

RESULT

Documents by year

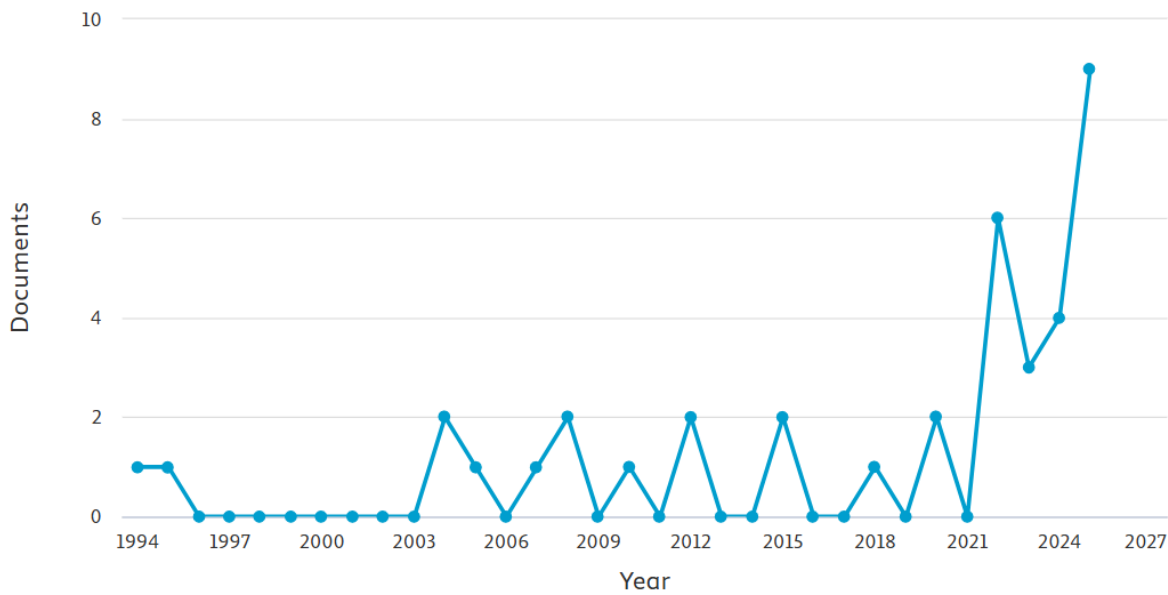


Figure 2. Documents by year

Figure 2 displays the number of documents per year in the analyzed corpus over the period 1994–2025 (38 documents in total). At the beginning of the period, the number of documents was low, with one document in 1994 and 1995, and then no documents were recorded from 1996–2003. Production began to reappear in 2004 (2 documents) and 2005 (1 document), then fluctuated from 2006–2021 in a sporadic pattern: most years had zero documents, while some years produced only one document (e.g., 2007, 2010, and 2018) and occasionally reached two documents (e.g., 2008, 2012, 2015, and 2020). After 2021 (0 documents), there was a sharp spike in 2022 (6 documents), followed by a decline in 2023 (3 documents), then a rebound in 2024 (4 documents), and a peak in 2025 (9 documents). Overall, the pattern suggests that productivity tended to be low and unstable for a long time, then increased dramatically in the most recent period (2022–2025).

Documents by country or territory

Compare the document counts for up to 15 countries/territories.

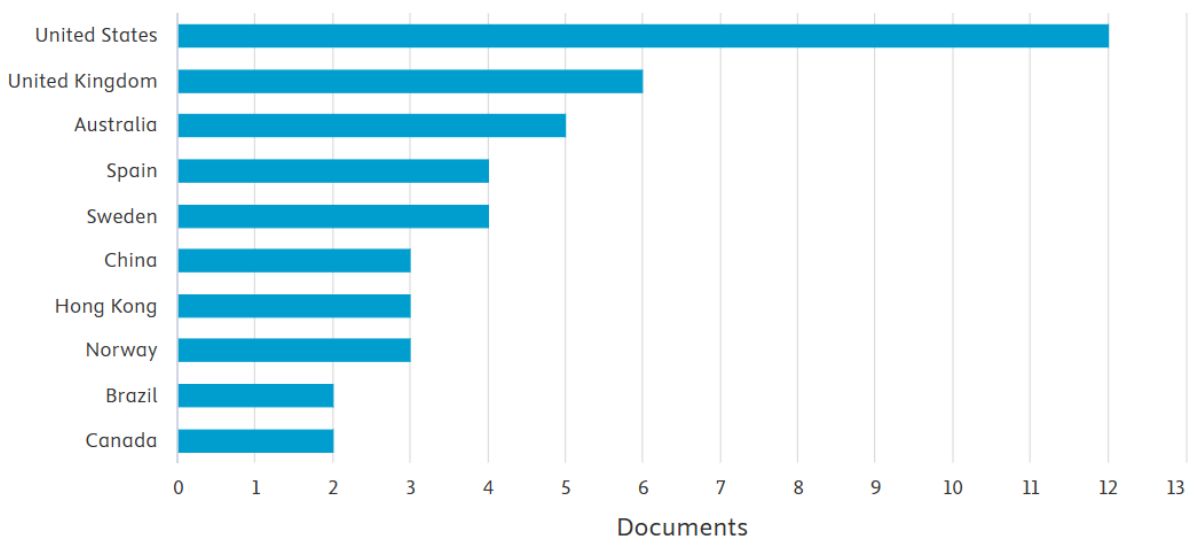


Figure 3. Documents by country or region

Figure 4 shows the distribution of the number of documents by country/region in the analyzed corpus. The United States dominates with 12 documents, significantly higher than any other

country. Next in line are the United Kingdom (6) and Australia (5). Medium contributions come from Spain (4) and Sweden (4), followed by China (3), Hong Kong (3), and Norway (3). Meanwhile, Brazil (2) and Canada (2) have the lowest numbers on this list. Overall, this pattern shows a strong concentration of publications in the United States, with additional contributions from English-speaking countries (the United Kingdom and Australia) and smaller distributions from Europe and Asia.

Table 1.
The 10 most cited publications in the Scopus database

No	Title	Author and Year	TC
1	Are patients discharged with care? A qualitative study of perceptions and experiences of patients, family members and care providers	(Hesselink et al., 2012)	159
2	The impact of international placements on nurses' personal and professional lives: Literature review	(Button et al., 2005)	102
3	Study abroad as a process of learning intercultural competence in nursing	(Koskinen & Tossavainen, 2004)	70
4	Culture and communication in Thai nursing: A report of an ethnographic study	(Burnard & Naiyapatana, 2004)	49
5	What are the effects of distance management on the retention of remote area nurses in Australia?	(Weymouth et al., 2007)	40
6	Integrative simulation: A novel approach to educating culturally competent nurses	(Rutledge et al., 2008)	38
7	Cultural Humility Toolkit	(Foronda et al., 2022)	36
8	Effects of an internationalization at home (IAH) program on cultural awareness among medical and nursing students in Hong Kong and Indonesia during the COVID-19 pandemic: a mixed-methods study	(Kor et al., 2022)	22
9	Handover training: Does one size fit all? The merits of mass customization	(Kicken et al., 2012)	18
10	Overcoming Barriers to Conducting an Intervention Study of Depression in an Older African American Population	(Shellman & Mokel, 2010)	16

TC = total citations in Scopus

Table 1 shows that the most cited publications in the dataset are dominated by the themes of patient safety and care transitions, developing intercultural competence in nursing, and clinical education/training. The most highly cited article is a qualitative study of the experiences of patients, families, and providers regarding discharge with care (Hesselink et al., 2012) with 159 citations, confirming that continuity of care and patient experience are highly influential topics. Next in the ranking are a literature review on the impact of international placements on nurses' personal and professional lives (Button et al., 2005) with 102 citations, and a study on study abroad as a learning process for intercultural competence in nursing (Koskinen & Tossavainen, 2004) with 70 citations, highlighting the role of academic mobility in shaping cultural sensitivity and professional capacity. Overall, the citation patterns indicate that this corpus predominantly references literature emphasizing quality and continuity of care, cultural competence, and strengthening nursing education and practice.

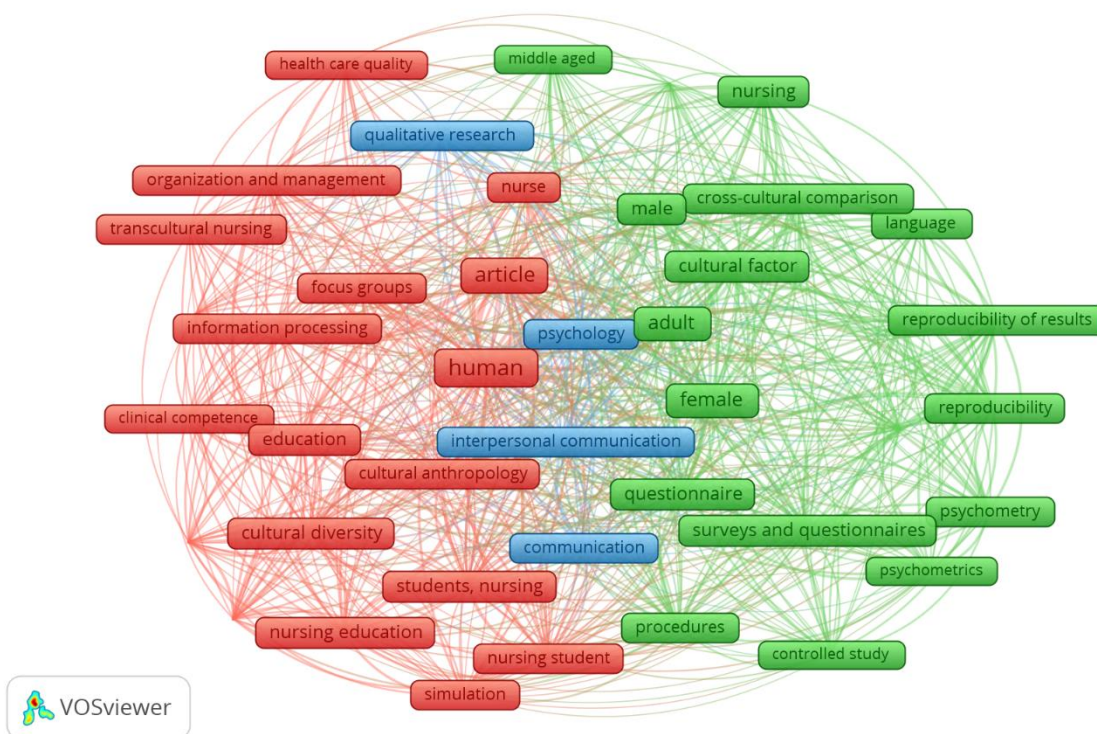


Figure 4. Keyword co-occurrence network (VOSviewer)

Figure 4 displays a map of the interrelationships between keywords in the corpus analyzed using VOSviewer, where node size represents the frequency of keyword occurrence and connecting lines indicate the strength of co-occurrence relationships. The most central nodes appear to be general terms such as article, human, and nursing, as well as population characteristics (adult, middle-aged, male, female) that connect various themes. Several main clusters are visible: the red cluster highlights the domain of cross-cultural nursing education and practice, such as transcultural nursing, nursing education, students, nursing/nursing student, clinical competence, education, and qualitative approaches such as focus groups and information processing, including the use of simulation as a learning strategy. The green cluster focuses on measurement and research design, characterized by terms such as questionnaire, surveys and questionnaires, psychometry/psychometrics, controlled study, procedures, and scientific quality issues such as reproducibility and reproducibility of results, which are linked to cross-cultural aspects such as cultural factors, cross-cultural comparison, and language. The blue cluster serves as a conceptual link emphasizing psychological and communication dimensions, such as psychology, communication, and interpersonal communication, as well as qualitative research. Overall, the density of connections between clusters indicates that the research in this corpus is integrated, linking education and cultural competence in nursing with communication/psychology as well as measurement instruments and methodological rigor.

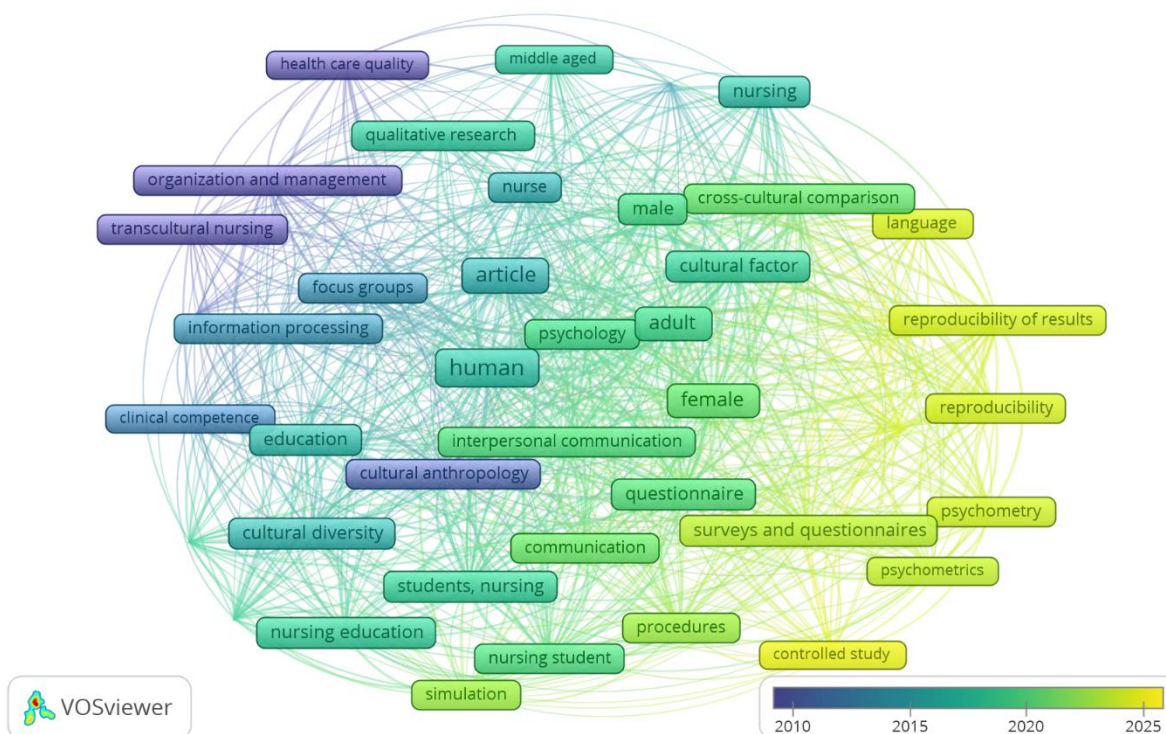


Figure 5. VOSviewer overlay map (Overlay Map)

Figure 5 shows the temporal development of keywords based on a color gradation from blue (earlier) to yellow (newer) over the time span of approximately 2010–2025. In the early phase (blue–purple), prominent keywords related to the organizational context and nursing services and the transcultural domain, such as organization and management, health care quality, and transcultural nursing, reflecting the initial focus on issues of service quality and practice management in a cross-cultural context. Entering the middle phase (green–turquoise), the map is dominated by more central and general terms, such as nursing, nurse, human, article, and population characteristics (adult, middle-aged, male, female), accompanied by strengthening themes of interaction and educational processes such as interpersonal communication, communication, education, students, nursing, nursing education, and simulation. In the most recent phase (yellow-green), a stronger shift toward themes of standardization, measurement, and methodological rigor is observed, marked by the emergence of keywords such as reproducibility, reproducibility of results, psychometry/psychometrics, surveys and questionnaires, controlled study, and more specific cross-cultural aspects such as language and cross-cultural comparison. Overall, this pattern indicates that the corpus is moving from an initial focus on organizational and transcultural contexts, toward strengthening the core themes of nursing and education/communication, and then evolving toward a more recent emphasis on instrument validation, study design, and the replicability of research findings in cross-cultural nursing studies.

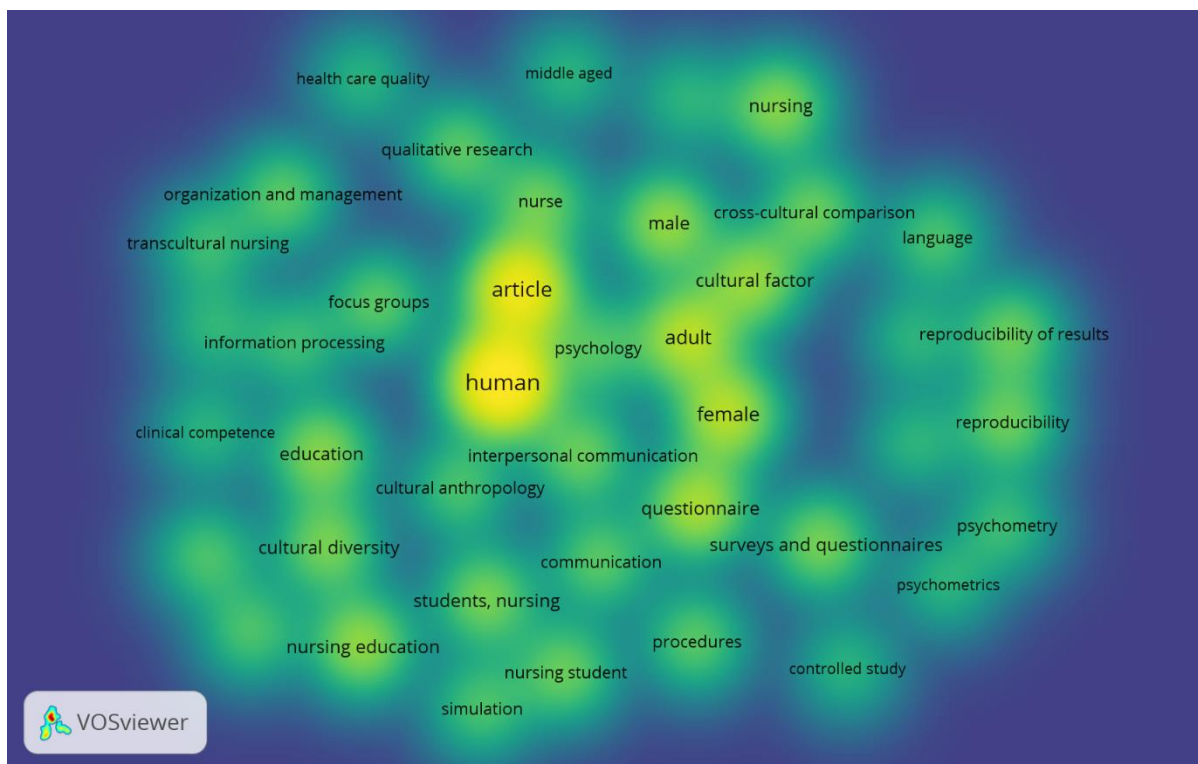


Figure 6. Visualization of keyword co-occurrence density

Figure 6 displays a VOSviewer density map, where the bright yellow area indicates keywords with the highest frequency of occurrence and co-occurrence, while the green-blue area indicates lower intensity. The main hotspot appears to be centered on the general terms *human* and *article*, which serve as a cross-theme link, accompanied by population keywords such as *adult*, *male*, and *female*, indicating the dominance of studies on adult respondent characteristics. Around this center, medium-high densities emerge, confirming the literature's focus on core nursing domains and cross-cultural factors, as seen in the keywords *nursing*, *nurse*, *cultural factor*, and *cross-cultural comparison*, as well as the link to psychological and communication aspects through *psychology* and *interpersonal communication/communication*. Other prominent areas of density point to measurement and methodological approaches, characterized by *questionnaires*, *surveys and questionnaires*, *psychometry/psychometrics*, and scientific rigor themes such as *reproducibility* and *reproducibility of results*. Meanwhile, more peripheral but still relevant themes include the realm of education and competency development such as *education*, *nursing education*, *students*, *nursing/nursing students*, and *simulation*, as well as the context of practice and service systems such as *transcultural nursing*, *organization and management*, *health care quality*, and *qualitative research*, which show the breadth of topic coverage even though the intensity of co-occurrence is not as high as the center of the map.

DISCUSSION

A corpus of research on communication practices among international nurses in multicultural healthcare settings demonstrates that communication is positioned as a prerequisite for professional adaptation, determining the safety of practice, the quality of team collaboration, and therapeutic relationships with patients. In the context of nurse migration, communication is understood not only as language proficiency, but also as the ability to navigate professional interaction norms, clinical delivery styles, and cultural expectations in a new workplace (Alshareef et al., 2020). Therefore, international nurse communication practices are more appropriately viewed as an ongoing negotiation process between individual competencies, organizational culture, and the complexities of cross-cultural interactions in a care system that often demands high precision, speed, and coordination (Hsu et al., 2024).

However, a reading of the VOSviewer map suggests that knowledge formation in this area remains strongly supported by umbrella terms and general descriptors common in the health literature, such that “international nurse communication” often appears as part of a broader nursing theme. This pattern suggests that communication is often treated as a supporting component inherent to larger issues such as cross-cultural nursing education, quality of care, or psychosocial factors, rather than always as a clinical practice analyzed specifically at critical points such as handovers, interprofessional coordination, and shared decision-making (Lee et al., 2022). As a result, discourse on risk communication often moves more at the level of general concepts about multicultural nursing than detailed discussions of the mechanisms of miscommunication, their clinical consequences, and standardized mitigation strategies (Dopelt et al., 2022).

Co-occurrence networks reinforce this interpretation, as the prevailing themes appear to be polarized along two main axes: education and cultural competence, and measurement and methodological rigor. Within the educational axis, communication is positioned as a competency that can be developed through cross-cultural learning, international mobility experiences, and pedagogical approaches such as simulations that prepare nurses for complex clinical communication situations (Petpichetchian et al., 2022; Sundberg et al., 2022). Within the methodological axis, an emphasis on instruments, questionnaires, psychometrics, and the reproducibility of results emerges, signaling a push to make cross-cultural communication more measurable, comparable, and evidentially robust (Como et al., 2022; Jang et al., 2022). These developments are important, but they also pose conceptual challenges, as highly contextualized cross-cultural communication is often difficult to reduce to a single score without losing nuance, particularly when factors such as power, hierarchy, and the psychological climate of the team influence whether nurses clarify, ask questions, or raise clinical concerns (Posadas-Collado et al., 2022).

Within a substantive framework, the link between the theme of communication and the concept of cultural humility signals that the field is shifting from a knowledge-based approach to cultural competence toward a reflective approach that emphasizes self-awareness, social positioning, and a willingness to continuously learn (Fernandez de Henestrosa et al., 2023). This shift is relevant for international nurses because communication barriers are not always a lack of cultural knowledge, but rather arise from misalignments in professional expectations and workplace communication norms, including how to express disagreement, ask for help, or clarify in risky situations (Yasin et al., 2023). Therefore, safe communication in multicultural settings requires interventions that address not only the individual but also team norms, leadership, and organizational policies to provide international nurses with the space to actively participate without fear of being judged incompetent simply because of differences in accent, word choice, or communication style (Pan et al., 2023).

The overlay map can be read as a narrative of the field's evolving focus, moving from a focus on organizational context and service quality to establishing a cross-cultural communication education agenda, and then progressing toward standardization and measurement validation (Ramadhan Chairun et al., 2024). Conceptually, this trajectory makes sense because as communication issues become recognized as crucial to service performance and international workforce integration, the next need arises to systematically teach these competencies and then to demonstrate their effectiveness with valid measures (Bennett et al., 2025). The challenge is ensuring that standardization does not overlook the diversity of contexts, as effective communication practices are heavily influenced by the dominant language, local professional norms, and team configuration (Çiçek Gümüſ & Dolu, 2025). Studies that capture communication in real-world situations such as care transitions and work coordination are also crucial, as the safety and continuity of care literature suggests that communication issues are often most impactful when patients change care points or when clinical information must be conveyed concisely but comprehensively (Mòdol-Vidal et al.,

2025; Scott et al., 2024).

Country distribution has implications for the body of knowledge generated, as research on international nurse communication tends to emerge from destination contexts with stronger research capacities. Consequently, findings and recommendations may better reflect the organizational dynamics of services in destination countries, while perspectives from sending countries, middle-income contexts, or resource-constrained settings may be underrepresented. Furthermore, cross-cultural communication challenges can vary significantly based on workload, supervision patterns, documentation languages, and workplace training structures. Broadening research contexts will help prevent overly uniform recommendations and enhance understanding of how international nurse communication is influenced by recruitment policies, job orientation, language support, and safety cultures across health systems (Martzoukou et al., 2024; Olen et al., 2024).

This bibliometric analysis confirms that the field of communication practice in international nurses is gaining ground as a research agenda that is inseparable from patient safety, global workforce integration, and the quality of nursing education. Future research implications include encouraging closer integration between cultural competency assessments, cross-language validity measures, and real-world practice-based studies that link communication to meaningful outcomes, including the quality of team collaboration and patient experience. Communication becomes the cornerstone for developing interventions that are context-sensitive, methodologically testable, and relevant to the evolving needs of multicultural healthcare.

CONCLUSION

This bibliometric analysis indicates that research on communication practices among international nurses in multicultural healthcare settings represents a growing field as service systems increasingly require a cross-border workforce and diverse patient populations. Mapping with VOSviewer reveals that the keyword landscape remains largely dominated by general and umbrella nursing terms, indicating that international nurse communication is often positioned as part of broader themes such as nursing education, cross-cultural competence, and quality and safety of care. However, the stronger associations with concepts such as interpersonal communication, cultural factors, cross-cultural comparison, and the themes of measurement and quality of evidence indicate a shift toward a more operational agenda, understanding communication as a clinical practice that can be shaped through educational interventions and evaluated with valid and replicable instruments.

Practically, these findings confirm that strengthening international nurse communication needs to be viewed as a core strategy for maintaining patient safety and effective team collaboration in multicultural care, not simply a complement to work orientation. Future research should develop and validate language- and context-sensitive cross-cultural communication instruments, evaluate training interventions that not only enhance individual competency but also improve communication climates and organizational support, and expand the geographic scope so that evidence is not solely focused on the context of migration destination countries. This way, future research can be more robust in bridging education, implementation in real-world practice, and the impact of communication on service quality and patient experience in increasingly multicultural healthcare systems.

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