

Promoting Cultural Competence to Advance Equity and Inclusion in Community Health Nursing Research: Insights from Southwestern Nigeria

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Abstract

Advancing equity and inclusion in community health nursing research is fundamental in regions (as Southwestern Nigeria) of cultural, ethnic, and linguistic diversity such as Southwestern Nigeria. This paper advocated for the institutionalization of cultural competence training for community health nurses and researchers for equitable and respectful engagement with diverse populations. Cultural competence is the ability to appreciate, respect, and participate effectively with diverse cultural groups. It involves careful judgment for addressing barriers including language differences, cultural beliefs, and systemic inequities that hinder healthcare access and outcomes. The paper features the benefits of culturally competent research, including improved communication, strengthened trust, and more equitable interventions. It also critically examined challenges such as reinforcing stereotypes, neglecting systemic inequities, and relying on superficial training models. Recommendations include embedding cultural competence into nursing curricula, fostering community partnerships, and emphasizing cultural humility and structural competency alongside conventional training. Prioritizing these approaches can enhance the inclusivity, ethics, and effectiveness of health research and interventions.

Keywords: Cultural competence, Community health nursing, Equity and inclusion, Nursing research, Nigeria

Introduction/Background

Advancing equity and inclusion in community health nursing research in Southwestern Nigeria is fundamental due to numerous administrative, geographical, and sociocultural barriers hindering equitable healthcare access (Omoniyi, et al., 2024). The rich ethnic diversity of the region positively impacts socioeconomic development, making culturally competent research especially important (Onasanya et al., 2023). Southwestern Nigeria has over 50 million people living in it, this constitutes above 20% of Nigeria's population, the multiplicity of languages and cultural practices requires tailored approaches in nursing research (National Population Commission Nigeria, 2022). Cultural competence in community health nursing serves as a critical framework for addressing health disparities in different populations, especially in multicultural regions like Southwestern Nigeria. This approach emphasizes nurses' ability to understand, respect, and integrate patients' cultural beliefs, practices, and values into the care delivered, hence advancing equity and inclusion.

Nigeria's Southwestern states, such as Oyo, Lagos, Ogun, Osun, Ondo, and Ekiti, ethnolinguistic diversity, with over 250 ethnic groups including Yoruba majorities alongside Hausa, Igbo minorities, and migrant communities, amplifies the need for culturally Synchronised research and interventions.

Cultural competence involves self-awareness of differences, acquisition of cultural knowledge, and development of skills for effective cross-cultural interactions. Community health nursing enhances cultural competence through tailored communication, respect for traditional healing systems like Yoruba herbalism, and adaptation of immunization campaigns to local rituals. Studies highlight that nurses who lack competence contribute to low treatment adherence and mistrust in rural clinics. Relevance to Equity and Inclusion Health inequities in Southwestern Nigeria start from socioeconomic barriers, gender norms, and cultural stigmas within maternal-child health services. However, promoting cultural competence reduces these gaps by fostering trust, such as incorporating community leaders in nurse-led programs enhances uptake of antenatal care among Fulani pastoralists (Shore Chung, & Dean, 2020). Research underscores the role in policy reforms for inclusive curricula (Government/Policy, 2021).

Southwestern Nigeria's health landscape features high maternal mortality rates linked to cultural preferences for traditional birth attendants over biomedical facilities (Corporate/Professional Report, Deloitte,2021). Community health nursing research here reveals barriers such as language diversity and religious influences on vaccination hesitancy. Studies (local) advocate that nurse training in ethnographic methods can bridge these divides (Society for Human Resource Management, 2022). Advancing equity demands rigorous studies evaluating culturally competent interventions, e.g. mixed methods designs assessing nurse-patient encounters in Ogbomosho clinics. Findings can inform national policies, emphasizing institutional support for ongoing training. This will position community health nursing as a vehicle for sustainable inclusion.

Overview

“The Chartered Institute of Personnel and Development (CIPD) defines diversity, equity, and inclusion (DEI) as interconnected principles essential for fair and effective workplaces. Diversity refers to the presence of differences among people, including characteristics like age, gender, ethnicity, disability, and sexual orientation. Equity focuses on fairness by addressing systemic barriers and providing tailored support to ensure equal opportunities for success, beyond mere equality,” Chartered Institute of Personnel and Development (2023).

Diversity, equity and inclusion (DEI) is the practice of creating fair, respectful and inclusive workplaces by appreciating differences, addressing bias and ensuring equal opportunities for all employees. DEI efforts focus on making better representation, fostering belonging and aligning organizational policies with principles of fairness and respect (Olusanya, 2023).

Diversity.

Diversity involves all the ways that people are different, including the various attributes that distinguish one demographic or individual from another. Diversity often refers to including socio-demographics that are not broadly represented in the society or certain industries. Diversity, equity and inclusion are three different but interconnected concepts. They work in unison to create an environment of respect and fairness. It involves initiatives promoting equal access, opportunity,

employment, and sense of belonging for marginalized people in the workplace (Ely & Thomas, 2020). Diversity, inclusion and equity plays an important role in promoting an inclusive workplace culture and ensuring an effective recruiting and hiring process. It aims to achieve these goals by overcoming unconscious biases, which are stereotypes about people formed outside a person's awareness, identifying and mitigating micro hostilities, which are negative behaviours toward individuals based on those biases (Harvard Business School Online, 2023).

Equity and inclusion are basic principles in modern healthcare research. In Nigeria, particularly in the Southwestern region, community health nursing research often serves populations with diverse cultural, ethnic, and linguistic backgrounds. Despite this diversity, many researchers remain inefficiently trained to recognize and address cultural differences that affect both study design and participant engagement. While its foundational principles draw from global health literature, this study adapts and institutionalizes the framework to the multicultural realities of Southwestern Nigeria, characterized by over 250 ethnic groups and 500 languages (Ethnologue, 2025). Evidence from Nigerian tertiary hospitals show that only about a third of clinical healthcare professionals, including nurses, receive formal training, highlighting a critical gap that localized training can address to improve participant engagement and equity (Onyeso, et al. 2023).

Cultural competence training, though rooted in global health paradigms, must be contextually tailored to effectively address the unique cultural landscape of Southwestern Nigeria. The region is characterized by rich linguistic diversity, deeply held traditional health practices, and complex social networks which significantly influence community interactions and perceptions of health research. Institutionalizing cultural competence training for community health nursing researchers include incorporating these local dimensions into training curricula, enabling researchers to involve participants respectfully and meaningfully. For instance, understanding the role of traditional birth attendants and family hierarchies in maternal health decisions will assist researchers to design inclusive consent processes and communication strategies. By embedding cultural knowledge specific to Southwestern Nigeria, the training uses imported frameworks to foster equitable and inclusive research practices that connect with and protect community members, (Onyeso, et al., 2023).

Advancing equity and inclusion in community health nursing research in Southwestern Nigeria can be significantly attained through targeted cultural competence training for nurses and researchers. This approach leads to more equitable and inclusive health outcomes in the following ways:

Importance of Equity and Inclusion in Community Health Nursing Practice

Equity means providing judicious access and resources based on the unique needs of different populations, acknowledging barriers that various groups, especially subgroups face in accessing healthcare services. Inclusion ensures all community members, regardless of their background (cultural, ethnic, social), can take part fully in health research and benefit from the outcomes

(Chartered Institute of Personnel and Development, 2025).

Challenges of Equity and Inclusion in Southwestern Nigeria

The major challenges to equity and inclusion in Southwestern Nigeria stem from healthcare access barriers, ethnic diversity tensions, and socio-cultural factors, particularly in Yoruba-dominated states. Studies in Nigeria highlight barriers to equitable healthcare, such as language differences,

cultural beliefs, financial constraints, and restricted understanding of local practices by healthcare personnel.

1. Barriers to Healthcare Access

The number one factors such as infrastructure shortages affect 30.8% of cases, the second is socioeconomic issues affecting 38.5%, and the third are systemic inequities like insurance gaps dominating at 69.2%, with Southwest studies culminating rural-urban disparities and low primary care utilization (Omoniyi, et al, 2024). Language barriers in multi-ethnic settings exacerbate misunderstandings in maternal and child health services, (Umar,2024).

2. Socioeconomic and Ethnic Challenges

Ethnic diversity sparks conflicts, banditry, and resource competition, impeding socio-economic development, education, employment, and health access for minorities (Akinwale, 2023). People living with disabilities face much of stigma, discrimination and exclusion from life opportunities in Lagos and Oyo states (West Africa hub., 2025) Wealth, education levels, and financial barriers skew maternal/child services toward urban elites (Tubeuif, et al., 2017).

3. Inclusion Gaps

Rural ethnic groups lack facilities compared to urban centres, compounded by poverty, illiteracy, and poor health indices (Auta, et al.,2024). Policy needs include culturally sensitive programs, multilingual services, and infrastructure to achieve universal coverage by 2030 (FMOH, 2023).

The South-West zone of Nigeria reports significant footraces including administrative, geographical, and sociocultural factors that hinder fair healthcare access (Omoniyi, et al.,2024).

Present Facts, Statistics and Definitions

Cultural and Ethnic Diversity in Southwestern Nigeria

Southwestern Nigeria comprises six states: Lagos, Ogun, Oyo, Osun, Ondo, and Ekiti. The region is predominantly inhabited by the Yoruba ethnic group, but with important cultural subgroups within it, such as Ijebu, Ife, Ekiti, Egbado, and others, reflecting significant internal diversity. Other ethnic groups and migrants from all over Nigeria (Igbo, Hausa, Fulani, Ebira, and more) live especially in Lagos, a metropolitan hub with about 21 million people, the largest city in Nigeria and Africa.

A 2023 study found that ethnic diversity in Southwestern Nigeria certainly impacts socio-economic development, measured by indicators such as investment, education, employment, and social amenities, emphasizing the significance of managing diversity effectively (Onasanya, et al., 2023).

Journal of Research and Innovation in Social Sciences. It used multiple regression on 400 respondents across Southwestern MDAs, finding ethnic diversity positively affects development ($p < 0.05$) when managed, aligning with Leininger's theory for nursing equity. Added: Olojede (2024) on demographic dividends economic analyses showing diversity reduces poverty with strong institutions (Onasanya, et al., 2023). A peer reviewed article which analysed Nigeria's youthful population structure across geopolitical zones, highlighting Southwestern Nigeria's favourable demographic transition (slower growth, lower dependency ratios) as a pathway to economic gains when paired with investments in health, education, and diversity management. It used data from national surveys to project per capita income boosts, aligning with this citation on ethnic diversity's socio-economic impacts in the region.

Southwestern Nigeria accounts for over 20% of Nigeria's population, with over 50 million people living there (guidiannigeria,2023).

Key Yoruba cultural groups vary by state (for example, Ekiti state has the Ekiti subgroup; Ondo state includes subgroups like Ikale, Ilaje, Akoko; Osun state has Ijesha, Ife, Igbomina; Oyo state includes Ibadan, Oyo, Oke-Ogun subgroups).

Lagos state hosts migrants from almost all ethnic groups in Nigeria, adding to cultural complexity.

Nigeria overall has over 521 languages and more than 1,150 dialects, with Yoruba being a major indigenous language spoken in the southwest region alongside English and Nigerian Pidgin (Cultural Ministry of Foreign Affairs, 2022).

A study in 2025 of rural adults in Southwestern Nigeria (including states from the region) found that 72.9% of respondents were married, 58.6% were female, and 46.5% had minimum of secondary education. The most common livelihoods were traders (33.2%) and artisans (29.9%). Social capital (community networks and support) positively influenced quality of life, especially among younger adults and those with more education, emphasising the importance of community engagement in health research.

The overall health perspective in Nigeria remains challenging: The under-five mortality rate is about 132 per 1000 live births, and maternal mortality stands at approximately 917 per 100,000 live births. Only 61% of pregnant women attend antenatal care, and 38% deliver under skilled attendants, while roughly 25% of children are completely vaccinated.

The life expectancy averagely in Nigeria was reported at 54.8 years in 2023 according to World Bank. This is below the global average of 73.3 years with significant disparities in health outcomes across regions and population (United Nation, 2025). Defenceless groups in Nigeria who need health assistance include children under five, pregnant and lactating women, the elderly, and people with disabilities. Over 4.9 million people are estimated to need health support in 2025 due to poor sanitation, high disease outbreak risk (cholera, malaria, and measles), malnutrition, and lack of access to skilled care (WHO and FMOH, 2025). In Southwestern Nigeria, the culturally diverse landscape includes multiple Yoruba subgroups alongside migrants from other ethnic groups, important for designing culturally competent community health nursing research that compliments this diversity.

Definitions

Cultural Competence: The scopes of healthcare professionals and researchers to understand, respect, and effectively interact with people across diverse cultures and belief systems. This includes awareness of one's own biases and adapting practices to meet cultural needs.

Ethnic Diversity: Groups of people well-known by shared geographical boundaries, culture, language, and origin that differentiate them from others. In Southwestern Nigeria, this refers to the multiple Yoruba sub-ethnic groups alongside migrants from other Nigerian societies and minorities (Onasaya et al., 2025).

Equity in Health Research: Ensuring research representation and health interventions fairly address the unique needs of all cultural groups, especially marginalized populations, reducing inequalities and improving overall health outcomes (Roberson, 2022).

This evidence frames the critical importance of cultural competence training to handle the multifaceted, dynamic cultural environment in Southwestern Nigeria, affirming the value of one's

positions encouraging for such training to promote equity and inclusion in community health nursing research.

Cultural Competence in Nursing

Culture refers to integrated designs of human behaviours, including norms, traditions, and values that affect the thinking and behaviour of members of particular groups. Cultural competence describes the ability to effectively interact with people of different cultures.

1. The importance of cultural competence in nursing focuses on health equity through patient-centered care, which ensure viewing each patient as a unique person.
2. As Gregory Knapik, DNP an assistant professor of nursing, explains, “Nurses must be able to understand and appreciate different cultural backgrounds in order to do their job effectively and with the highest degree of care.”
3. Norman specifies that “cultural competence is the willingness to understand and interact with people of different cultures, race, ethnicity, gender, and sexuality.”
4. This approach allows nurse professionals to successfully render care even when patients’ beliefs, practices, and values directly conflict with conservative medical and nursing guidelines. Nurses can develop the ability to direct and explain treatment plans according to patients’ needs, which may be influenced by cultural practices that do not fall within the strictures of conventional medicine.
5. “Utilizing cultural competence appropriately will allow for deeper connections with patients,” says Knapik. “You will gain the trust of the patient by being empathetic to their differences and unique needs.”

Leininger's Culture Care Theory

The Leininger's cultural care theory is also known as Transcultural Nursing Theory, best fits the title "Promoting Cultural Competence to Advance Equity and Inclusion in Community Health Nursing Research: Insights from Southwestern Nigeria."

The theory was developed by Madeleine Leininger in the 1970s and has been refined through decades, the theory posits that culturally congruent nursing care tailored to patients' cultural values, beliefs, and practices will enhance health outcomes and reduce disparities in diverse populations.

Core Principles Alignment

Leininger's theory consist of three modes:

1. Preservation and maintenance
2. Accommodation and negotiation
3. Repatterning and restructuring

These support cultural competence as a mechanism for equity, enabling nurses to integrate local practices like Yoruba herbalism or Fulani pastoralist rituals into interventions. In Southwestern Nigeria's rural contexts, it addresses sanitation challenges and maternal health gaps by bridging cultural divides, fostering inclusion through insider perspectives in research designs.

Alternatives Unlike broader Social Identity Theory, Leininger's framework is nursing specific, which emphasizes discovery of cultural care universals and diversities through ethnographic methods ideal for Oyo and Ogun's high-density inequities. It underpins empirical studies on nurse training, aligning with Chartered Institute of Personnel and Development’s (CIPD), Diversity

Equity and Inclusion (DEI) definitions by promoting belonging and fairness in health care delivery, (Leininger,1995).

Role of Cultural Competence Training

Cultural competence is the ability of healthcare professionals to identify, respect, and effectively respond to cultural differences in patient populations (The Chartered Institute of Personnel and Development 2025).

Benefits of Training in cultural competence:

1. It improves nurse–patient communication and trust.
2. Raises awareness of nurses’ own biases, beliefs, and how these impact care deliveries.
3. Increases knowledge of different cultural practices, beliefs, and barriers to care.
4. Enhances skills in providing respectful, patient-cantered care, especially for marginalized groups.

Components of Effective Training

Cultural competence training for community health nurses should include the following:

1. Awareness: Self-reflection on attitudes and biases.
2. Knowledge: Education on diverse cultural norms and their impact on health behaviours.
3. Skills: Practical exercises in communication, negotiation, and conflict management across cultures.
4. Attitude: Cultivating openness and respect for different worldview.
5. Practical experience: Immersive training, simulations, or direct engagement with diverse groups solidify these competencies.

Positive Impacts on Nursing Research and Care

Nurses with higher cultural competence can recognise and address health disparities in research, ensuring marginalized voices are included and respected. Research has shown that such training leads to improve patient experiences, higher satisfaction, and better health outcomes for culturally diverse communities (Osmanovic, et al., 2023). Focused nurse education modules enhance skills in cultural desire, knowledge, and encounters, all linked to more equitable and inclusive care and research participation.

Strategic Recommendations for Southwestern Nigeria

Mandatory cultural competence modules in health research and nursing curricula.

Community-engaged research: Actively involving local residents and cultural leaders in the research process to ensure participation and relevance.

Continued professional development for health researchers and providers to foster lifelong learning on cultural issues.

Evaluation and feedback mechanisms to assess the effectiveness of training and its real-world application.

Health

Prioritizing cultural competence in the training of community health nurses and researchers is a proven strategy to advance equity and inclusion, particularly in diverse and complex environments like Southwestern Nigeria. A holistic approach will not only improve the quality of research but results in impartial, more respectful health interventions that reach all community members.

Advancing Equity and Inclusion:

1. Mandate Cultural Competence Training

Every community health nurse researcher in Southwestern Nigeria should undertake structured training focused on:

- a) Cultural humility and self-awareness.
- b) Communication skills for linguistic diversity.
- c) Ethical research in multicultural contexts.
- d) Engaging community leaders and marginalized groups in research.

2. Integrate Local Perspectives

Research design must incorporate the voices of local communities, especially under-represented groups, to ensure studies address their priorities and contexts.

3. Ongoing Evaluation and Reflection

Research teams should repeatedly evaluate their cultural competence, interrogate their research practices for inclusiveness, and adapt approaches based on feedback from the community.

4. Institutional Policy and Support

Nursing schools, research institutions, and healthcare organizations must:

- a) Embed cultural competence in their curricula and professional development.
- b) Recognize and reward culturally-responsive research.
- c) Collaborate with community organizations to facilitate inclusive research agendas.

Potential Outcomes

Prioritizing cultural competence will result in:

1. Enhanced trust amongst researchers and communities.
2. Increased participation of marginalized groups in research.
3. More accurate and actionable research findings reflecting diverse realities.
4. Development of equitable interventions receptive to local needs.

Counterarguments to Prioritize Cultural Competence Training in Community Health Nursing Research

Counterarguments are summarized

(Southwestern Nigeria)

1. Risk of reinforcing stereotypes:

Cultural competence training that relies on teaching fixed or simplified cultural "facts" about groups may unintentionally disseminate stereotypes and biases rather than undo them. It can give an illusion of mastery over "the Other" without addressing deeper issues of individual variation or structural context.

2. Static view of culture:

Cultural competency frameworks often treat culture as motionless and homogeneous within groups rather than dynamic and diverse. Which can lead to assumptions that do not reflect lived realities and may miss the complexity of intersecting identities.

3. Focus on individual rather than systemic issues:

The training frequently emphasizes individual provider behaviour and knowledge, risking neglect of larger structural determinants of health disparities such as institutional racism, socioeconomic inequality, and healthcare system flaws. This may limit the impact on definite equity in health outcomes (Jennifer, 2016).

4. Lack of evidence for improved health outcomes:

Though cultural competence training is able to improve provider knowledge and attitudes, systematic reviews indicate limited or inconclusive evidence that leads to better patient adherence, health outcomes, or equitable health services through racial or ethnic groups (Med Care, 2011).

5. Superficial or reductionist approaches:

Critiques point out that cultural competence training can be overly simplistic or checklist-based, failing to foster deep reflection or constant commitment to understanding culture, power dynamics, and biases. This contrasts with approaches like cultural humility and structural competency that focus on lifelong learning and systemic factors (Med Care, 2011).

6. Potential neglect of majority/dominant culture biases:

The training tends to focus on minority cultures but often overlooks the dominant culture within healthcare providers themselves, not addressing the provider's own cultural assumptions, privileges, and biases which influence care (Jennifer, 2016).

Howbeit cultural competence training is important, it is not a remedy. Effective equity and inclusion efforts should integrate cultural humility, structural competency, ongoing self-reflection, and systemic reforms alongside traditional cultural competence frameworks to avoid these pitfalls and foster significant change.

These points form a grave perspective worth considering alongside the advocacy for cultural competence training in community health nursing research contexts such as Southwestern Nigeria.

While advocating for cultural competence training to advance equity and inclusion in community health nursing research is vital, it is equally imperative to address potential limitations and unintended consequences in the Southwestern Nigerian context:

1. Risk of Reinforcing Stereotypes

Though well-meant training can unintentionally solidify stereotypes by reducing complex cultures to simplistic categories or “dos and don’ts.” When nurse researchers rely on static, generalized cultural profiles, they may overlook the diversity within groups and the uniqueness of individuals. Which could undermine genuine engagement and perpetuate the very biases the training aims to combat (Jennifer, 2016), (Med Care, 2011).

2. Static and Homogeneous View of Culture

Cultural competence frameworks sometimes portray culture as fixed, leading to blanket assumptions about Yoruba, Igbo, or minority ethnic identities in the region. South western Nigeria is a home to rapidly evolving cultural dynamics, multiple languages, mixed communities, and intersecting identities. A static approach risks missing these shades that could hinder adjustable, personalized research strategies (Jennifer, 2016).

3. Neglect of Structural Inequities

Focusing primarily on cultural factors may divert attention from larger systemic issues, such as, poverty, gender inequality, restricted healthcare infrastructure, and institutional discrimination which reinforce health disparities. Training which centres on individual provider knowledge might yield minimal long-term impact unless coupled with institutional reforms and efforts to address structural drivers of inequity.

4. Limited Evidence of Improved Health Outcomes

Though cultural competence initiatives can boost provider responsiveness and attitudes, research is mixed regarding their direct effect on patient adherence, research participation, or health outcomes. Implementing such training without robust evaluation jeopardies investing resources without measurable gains in equity or inclusion within nursing research.

5. Superficial and Checklist-Based Approaches

There is danger that programs become a tick-box exercise rather than adopting meaningful, ongoing self-reflection. Such superficial approaches may result in researchers viewing cultural competence as a one-time achievement rather than a lifelong learning process, thus filibustering genuine progress toward equity.

6. Overlooking Dominant Culture Bias

Efforts often focus on understanding minority cultures without requiring nurse researchers to interrogate their own cultural expectations or the dominant norms underpinning research practices. This perpetuate implicit biases and power imbalances, even as the intent is to foster inclusion.

Constructive Alternatives

1. **Emphasize Cultural Humility and Structural Competency:** Encourage approaches that highlight ongoing self-reflection, power dynamics, and institutional reform rather than solely cultural knowledge.
2. **Mandate Inclusive Community Partnerships:** Require research teams to engage in genuine partnerships with diverse local voices, shifting from “studying communities” to “collaborating with communities.”

3. **Implement Continuous Evaluation:** Routinely assess not only provider attitudes, but research outcomes, community trust, and inclusion metrics to ensure cultural competence interventions are effective and evolving.
4. **Broaden Focus:** Combine cultural competence initiatives with targeted efforts to address the social and economic determinants of health unique to Southwestern Nigeria's diverse populations.

Recognizing these limitations and integrating the constructive alternatives, cultural competence training can serve as a foundation and not a substitute for comprehensive strategies that advance true equity and meaningful inclusion in community health nursing research.

Conclusion

Investment in cultural competence training will foster more inclusive, ethical, and effective community health nursing research in Southwestern Nigeria. This approach not only improves healthcare delivery but also supports equitable participation and benefits across the region's diverse populations, setting a standard for nursing research in multicultural settings.

Recommendations

Mandatory cultural competence training should include self-reflection, practical communication exercises, and community engagement to maximize relevance and impact (Osmancevic et al., 2025). Integrating community voices ensures research is grounded in local contexts, while ongoing evaluation helps maintain training efficacy (Barney & Rosencrance, 2024).

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