



# Effectiveness of the transcultural nursing model on nutritional care and patient satisfaction in a multicultural hospital in Maluku, Indonesia

*Efektivitas model keperawatan transkultural terhadap perawatan gizi dan kepuasan pasien di rumah sakit multikultural di Maluku, Indonesia*

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## Abstract

Multicultural hospitals face challenges in providing nutritional care that accommodates patients' cultural beliefs and dietary practices. This study aimed to evaluate the effectiveness of the transcultural nursing model in improving nutritional care and patient satisfaction in a multicultural hospital setting in Japan. A quasi-experimental pretest-posttest control group design was conducted at a Type B Regional General Hospital in Ambon, Maluku Province, Indonesia, from January to April 2025. A total of 120 adult inpatients were randomly assigned to an intervention group receiving culturally tailored nutritional nursing care based on Leininger's Transcultural Nursing Model and a control group receiving standard nursing care. Data were collected using the Nutritional Care Satisfaction Scale (NCSS) and the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) and analyzed using parametric statistical tests with a significance level of  $p < 0.05$ . The intervention group demonstrated significantly greater improvements in nutritional care satisfaction and overall nursing care satisfaction than the control group ( $p < 0.01$ ; Cohen's  $d > 1.7$ ). In conclusion, these findings indicate that the transcultural nursing model effectively enhances culturally sensitive nutritional care and patient satisfaction in multicultural hospital settings.

**Keywords:** Transcultural Nursing, Nutritional Care, Patient Satisfaction, Multicultural Hospital.

## Abstrak

Rumah sakit multikultural menghadapi tantangan dalam menyediakan perawatan nutrisi yang mengakomodasi keyakinan budaya dan praktik diet pasien. Penelitian ini bertujuan untuk mengevaluasi efektivitas model keperawatan transkultural dalam meningkatkan perawatan gizi dan kepuasan pasien dalam lingkungan rumah sakit multikultural. Desain kelompok kontrol pretest-posttest kuasi-eksperimental dilakukan di Rumah Sakit Umum Regional Tipe B di Ambon, Provinsi Maluku, Indonesia, dari Januari hingga April 2025. Sebanyak 120 pasien rawat inap dewasa secara acak ditugaskan ke kelompok intervensi yang menerima perawatan nutrisi yang disesuaikan dengan budaya berdasarkan model keperawatan transkultural Leininger dan kelompok kontrol yang menerima perawatan keperawatan standar. Data dikumpulkan menggunakan Skala Kepuasan Perawatan Gizi (NCSS) dan Kuesioner Kepuasan Pasien dengan Kualitas Perawatan Keperawatan (PSNCQQ) dan dianalisis menggunakan uji statistik parametrik dengan tingkat signifikansi  $p < 0,05$ . Kelompok intervensi menunjukkan peningkatan yang signifikan lebih besar dalam kepuasan perawatan gizi dan kepuasan perawatan keperawatan secara keseluruhan dibandingkan dengan kelompok kontrol ( $p < 0,01$ ; Cohen's  $d > 1,7$ ). Kesimpulan, temuan studi menunjukkan bahwa model keperawatan transkultural

secara efektif meningkatkan perawatan nutrisi yang sensitif secara budaya dan kepuasan pasien di lingkungan rumah sakit multicultural.

**Kata Kunci:** Keperawatan Transkultural, Perawatan Nutrisi, Kepuasan Pasien, Rumah Sakit Multikultural.

## Introduction

Cultural diversity is becoming an increasingly prominent phenomenon in the global healthcare system due to increasing population mobility, migration and urbanization (Kumbhar et al., 2025). This condition creates new challenges for multicultural hospitals in providing nursing care that appreciates the values, beliefs, and cultural practices of patients (Debesay et al., 2022; Gopalkrishnan, 2021). One of the most sensitive aspects of cultural differences is nutritional services, as diets, dietary taboos, and symbolic meanings of food are strongly influenced by a group's social and spiritual values (Mingay et al., 2021; Cuj et al., 2021). Incompatibility of nutritional services with the patient's cultural background can lead to low satisfaction, refusal of hospital meals, and non-adherence to prescribed therapeutic diets (Villalona et al., 2022). Therefore, the provision of nutritional services based on cultural sensitivity is an important component of improving the quality of service and patient experience in multicultural hospitals.

In the context of nursing, the Transcultural Nursing Model developed by Leininger is one of the most influential conceptual approaches to encouraging culturally sensitive nursing services (McFarland & Wehbe-Alamah, 2019). This model emphasizes the importance of understanding the values, symbols, and practices of patient culture at every stage of the nursing process, including the review, planning, implementation, and evaluation of care (Wood, 2020). The application of this model in the context of nutrition services allows nurses to provide dietary recommendations that are not only clinically appropriate but also socially and culturally accepted by patients (Suniyadewi et al., 2024). This is in line with the culturally competent care approach, which emphasizes the integration of cognitive, affective, and behavioral dimensions in providing inclusive and effective health services (Nurhayati et al., 2024; Budi et al., 2024).

Various studies have shown that the application of transcultural nursing principles

can improve the quality of communication between nurses and patients, trust in health workers, and patient satisfaction with hospital services (Anzini et al., 2025; Evangelista de Lacerda et al., 2021). However, most research still focuses on general aspects of patient satisfaction or cross-cultural communication and does not specifically evaluate the effectiveness of the transcultural nursing model in the context of nutrition services. Nutritional services are an integral aspect of nursing that plays an important role in patient recovery, especially in populations with diverse cultural backgrounds (Mengwei, 2024). In addition, most multicultural hospitals lack operational guidelines that systematically integrate transcultural principles into nutrition service practices (Hernandez et al., 2022).

Although previous studies have demonstrated that transcultural nursing improves communication and general patient satisfaction, empirical evidence focusing specifically on nutrition-related nursing care remains limited, particularly in the context of Indonesian multicultural hospitals. Nutritional services are highly influenced by cultural beliefs, food taboos, and religious practices; however, most hospitals have not systematically integrated transcultural principles into nutritional nursing care. Therefore, this study addresses an important research gap by examining the effectiveness of the transcultural nursing model in improving nutritional care satisfaction and overall patient satisfaction in a multicultural hospital in Indonesia.

## Methods

### Research Design

This study used a quasi-experimental design with a pretest–posttest control group approach to measure the effectiveness of the application of a transcultural nursing model in improving the quality of nutritional services and patient satisfaction (Siedlecki, 2020). This design was chosen because it allows comparison of results between the intervention and control groups in

real healthcare conditions, without interfering with the ethics or flow of patient services (Flanagan & Beck, 2024).

### Research Location and Time

The research was conducted at a type B Regional General Hospital (RSUD) located in the urban area of Ambon Island, Maluku Province, Indonesia. The hospital serves people from diverse ethnic backgrounds, including Javanese, Batak, Minangkabau, Chinese, and Malay, thus reflecting the characteristics of a multicultural patient population relevant to our research objectives. This ethnic diversity also affects food preferences, nutritional taboos, and consumption behaviors of patients during hospital treatment. The research was conducted for four months, from January to April 2025, covering the training stages of nursing personnel, the implementation of interventions, and data collection and analysis.

### Population and Sample

The study population consisted of all adult inpatients ( $\geq 18$  years) in class II and III treatment rooms who received nutritional services at the hospital. The inclusion criteria were adult inpatients ( $\geq 18$  years) who had been hospitalized for at least three days, were able to communicate verbally, and agreed to participate. The exclusion criteria were cognitive impairment, severe communication disorders, and critical conditions requiring intensive care.

The sampling technique was carried out using simple random sampling, with a total of 120 respondents, divided into the intervention group ( $n = 60$ ) and the control group ( $n = 60$ ). Participants were allocated to the intervention and control groups using simple random sampling based on a random number table to minimize selection bias. The sample size was determined based on a power analysis with a significance level of 5% and test strength of 80% (Mascha & Vetter, 2018).

### Research Interventions

The intervention group received nursing services based on the Leininger Transcultural Nursing Model, with a primary focus on culturally sensitive nutritional services. Interventions are carried out through three main stages: cultural assessment, cultural accommodation and negotiation, and cultural repatterning (Giger & Haddad, 2020).

At the cultural assessment stage, nurses conduct an in-depth assessment of the patient's cultural values, eating habits, and dietary taboos based on their ethnic background. Furthermore, the cultural accommodation and negotiation stage is carried out by adjusting the food menu and providing nutrition education according to the patient's cultural preferences without ignoring clinical needs.

The last stage, cultural repatterning, focuses on providing nutrition education to form healthy eating behaviors while maintaining positive cultural value. Prior to the implementation of the intervention, nurses in the intervention group participated in three days of intensive training covering the principles of transcultural nursing, cross-cultural communication, and the application of models in nutrition services. The control group continued to receive standard nursing services in accordance with hospital protocols, without the systematic application of a transcultural approach.

### Research Instruments

Data collection in this study was carried out using two instruments that were validated and adjusted to the research context. The first instrument was the Nutritional Care Satisfaction Scale (NCSS), which was used to measure the level of patient satisfaction with nutritional services. This scale consists of 20 questions on a Likert scale of 1–5, where higher scores indicate a greater level of satisfaction, with a high reliability value ( $\alpha = 0.91$ ) (McCauley, 2020).

The second instrument was the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ), which assesses patient satisfaction with the overall quality of nursing care and also has an excellent level of reliability ( $\alpha = 0.93$ ) (Bimi, 2025). Both instruments were translated into Indonesian and tested for their validity and reliability through a preliminary trial on 30 inpatients in the same hospital to ensure language suitability, cultural context, and clarity of meaning in filling out the questionnaire.

### Research and Data Collection Procedures

The first stage began with all respondents completing a pre-intervention questionnaire. Subsequently, the intervention group received transcultural model-based nursing services for three consecutive days, while the control group continued to receive standard services. After the

intervention was completed, the two groups filled out the same questionnaire (post-test) to assess changes in the level of satisfaction with nutritional services and the quality of nursing care. Data collection was conducted by three enumerators of trained nurses who were not directly involved in the provision of interventions to minimize observation bias. In addition, the baseline demographic and clinical characteristics of the intervention and control groups were tested for homogeneity to ensure comparability prior to the intervention.

### Data Analysis

Data analysis was performed using SPSS version 26.0. The Shapiro–Wilk test was used to test the normality of the data distribution. Normally distributed data were analyzed using a paired t-test for in-group comparisons and an independent t-test for intergroup comparisons. For data that were not normally distributed, non-parametric tests (Wilcoxon signed-rank test and Mann–Whitney U test) were used. The effect of the intervention was measured using Cohen's *d* to determine the practical magnitude of the effect. The significance level was set at  $P < 0.05$ .

### Research Ethics Considerations

This study was approved by the Health Research Ethics Committee of the Ministry of Health of

Maluku (approval number: LB.02.03/7.1/KEPK-PKM/001/2025). Before the study began, all respondents were given a complete explanation of the objectives, procedures, benefits, and potential risks of the research, and were asked to sign an informed consent sheet. Participation is voluntary, and respondents have the right to withdraw at any time without affecting the medical services received. The confidentiality of personal data was strictly maintained and used only for academic purposes.

## Result and Discussion

### Respondent Characteristics

A total of 120 patients participated in this study, consisting of 60 respondents in the intervention group and 60 in the control group. Based on demographic characteristics, most of the respondents were between 31 and 50 years old (56.7%), female (58.3%), and came from various ethnic backgrounds, namely Javanese (30%), Batak (20%), Minangkabau (18.3%), Chinese (16.7%), and Malay (15%). Homogeneity tests showed no significant differences in baseline demographic and clinical characteristics between the intervention and control groups ( $p > 0.05$ ), indicating comparable initial conditions.

**Table 1.** Demographic and clinical characteristics of respondents

Variable	Intervention (n = 60)	Control (n = 60)	Total (n = 120)	p-value <sup>1</sup>
Age (year, mean ± elementary school)	42.30 ± 11.50	43.10 ± 10.80	42.70 ± 11.10	0.72
Age range (years)				0.89
18–30	12 (20.0%)	13 (21.7%)	25 (20.8%)	
31–50	34 (56.7%)	33 (55.0%)	67 (55.8%)	
≥51	14 (23.3%)	14 (23.3%)	28 (23.4%)	
Gender				1.00
Woman	35 (58.3%)	35 (58.3%)	70 (58.3%)	
Man	25 (41.7%)	25 (41.7%)	50 (41.7%)	
Ethnic group				1.00
Javanese	18 (30.0%)	18 (30.0%)	36 (30.0%)	
Batak	12 (20.0%)	12 (20.0%)	24 (20.0%)	
Minangkabau	11 (18.3%)	11 (18.3%)	22 (18.3%)	
Chinese	10 (16.7%)	10 (16.7%)	20 (16.7%)	
Malay	9 (15.0%)	9 (15.0%)	18 (15.0%)	
Length of stay (days, mean ± elementary school)	5.60 ± 1.40	5.50 ± 1.50	5.55 ± 1.45	0.81

Note:

<sup>1</sup> Independent t-test was used for numerical data; The Chi-square test was used for categorical data.

There were no significant differences between the two groups in any of the baseline variables ( $p > 0.05$ ).

In addition, the balanced ethnic composition of the groups strengthens the external validity of this study, as the results can be generalized to other multicultural hospitals with similar ethnic structures in Eastern Indonesia.

**Comparison of Nutrition and Nursing Care Service Satisfaction Scores**

After the intervention, the intervention group demonstrated a significant increase in both nutritional care satisfaction and nursing care satisfaction, whereas the control group showed

no meaningful changes in these areas. These findings indicate that the improvements observed were attributable to the application of the transcultural nursing model rather than external factors.

In addition, the magnitude of the effect (Cohen's  $d = 1.87$ ) suggests that the transcultural model not only produces statistically significant differences but also clinically significant ones, indicating a strong shift in perceptions of the quality of nutrition and nursing services.

**Table 2.** Comparison of pretest and posttest satisfaction scores in the intervention group

Variable	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Δ Mean	p-value <sup>1</sup>	Cohen's $d^2$
Nutrition Service Satisfaction (NCSS)	3.12 ± 0.48	4.36 ± 0.41	+1.24	<0.001	1.87
Nursing Care Satisfaction (PSNCQQ)	3.45 ± 0.44	4.52 ± 0.39	+1.07	<0.001	1.75

Note:

<sup>1</sup> A paired *t*-test was used to compare the pre- and post-test scores in the intervention group.

<sup>2</sup> Cohen's value *d* indicates large intervention effects (0.2 = small; 0.5 = medium; ≥0.8 = large)

Post-intervention analysis confirmed statistically significant improvements in both outcome measures in the intervention group, with large effect sizes observed. In terms of nutritional services, patients reported increased satisfaction with food taste, menu suitability

with cultural preferences, and involvement in diet planning. In terms of nursing care, improvement mainly occurred in the dimensions of communication, empathy, and respect for the patient's cultural values.

**Table 3.** Comparison of pretest and posttest satisfaction scores in the control group

Variable	Pretest (Mean ± SD)	Posttest (Mean ± SD)	Δ Mean	p-value <sup>1</sup>	Cohen's $d^2$
Nutrition Service Satisfaction (NCSS)	3.15 ± 0.50	3.21 ± 0.47	+0.06	0.37	0.12
Nursing Care Satisfaction (PSNCQQ)	3.47 ± 0.46	3.49 ± 0.45	+0.02	0.62	0.08

Note:

<sup>1</sup> The paired *t*-test was used to compare the pre- and post-test scores in the control group.

<sup>2</sup> Cohen's *d* was calculated to measure the large effect of the intervention, with the following interpretations: small (0.2), medium (0.5), and large (≥0.8).

The results in the control group showed that there was no significant change in patient satisfaction in both the aspects of nutrition and nursing services. This indicates that the increase in satisfaction in the intervention group was not due to external factors of the hospital but was directly related to the application of a nutrition-based transcultural nursing model.

Comparison of post-tests between groups using independent *t*-tests yielded significant

differences ( $p < 0.01$ ) in both variables, reinforcing the finding that the transcultural model contributes significantly to improving the overall patient experience. Cohen's value  $d = 1.87$  indicates a very large intervention effect, according to Correll et al. (2020) interpretation, indicating the successful implementation of the transcultural approach in improving the quality of nutritional services and patient satisfaction.

### **The Effectiveness of the Transcultural Nursing Model on Nutrition Services**

The effectiveness of the transcultural nursing model can be explained by its emphasis on cultural care preservation, accommodation, and repatterning. By aligning dietary recommendations with patients' cultural values and beliefs, nurses were able to enhance patients' acceptance of hospital diets, strengthen trust, and improve adherence to nutritional plans. This mechanism supports the theory that culturally congruent care improves both the technical and psychosocial dimensions of nursing services.

The results showed that applying Leininger's transcultural nursing model significantly increased patient satisfaction with nutritional services in multicultural hospitals. The increase in the Nutrition Care Satisfaction Scale (NCSS) score meaningfully reflects that patients feel an improvement in the quality of nutrition services when their needs and cultural values are considered. Interventions tailored to cultural preferences, religious beliefs, and eating habits have been shown to increase the acceptance of therapeutic diets and decrease resistance to hospital menu modifications (Jayasinghe et al., 2025).

These findings are in line with the results of a study by Chan et al. (2018), which showed that the application of a culturally sensitive nutrition approach improved patient adherence to low-salt and diabetic diets and reduced non-compliance rates by 22%. This approach is also in line with the research of Bansal (2024), which confirms that cultural sensitivity in hospital feeding contributes to an increase in patient satisfaction of up to 30% in a multicultural environment.

In the context of the Leininger model, the application of the principles of cultural care preservation, accommodation, and repatterning allows nurses to play the role of not only nutritional service providers but also cultural mediators who bridge the gap between the patient's cultural values and medical needs. As explained by Soriano et al. (2019), understanding cultural values is not just an ethical aspect but the core of meaningful holistic nursing.

In this study, the application of these three principles was proven to be effective: preservation of the patient's traditional eating habits that do not conflict with the principles of

diet; accommodation adapts the time and form of food serving to religious rituals; and repatterning helps patients modify their diet without losing their cultural identity. Thus, these results show that culture-based nutrition services not only increase satisfaction but also strengthen trust and adherence to the treatment plan recommended by health workers.

### **Increased Satisfaction with Nursing Care**

Beyond improvements in nutritional services, the application of the transcultural nursing model also exerted a positive and significant influence on patients' overall satisfaction with nursing care. The observed increase in scores on the Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ) indicates that patients perceived nursing care as more respectful, empathetic, and inclusive, particularly regarding their involvement in the nursing process. This finding suggests that culturally congruent care enhances not only task-oriented nursing activities but also the relational quality of nurse-patient interactions.

These results are consistent with those of previous empirical studies. Ben-Arye et al. (2024) demonstrated that culture-based therapeutic communication significantly increased patients' perceptions of empathy and trust by up to 25%, underscoring the role of cultural sensitivity in strengthening therapeutic relationships. Similarly, Larsen et al. (2021) highlighted that transcultural competence improves communication effectiveness and reduces miscommunication, which is frequently identified as a key contributor to patient dissatisfaction in multicultural healthcare settings.

Within the context of multiethnic hospitals in Indonesia, the findings indicate that nurses who understand patients' cultural backgrounds are better equipped to interpret behaviors accurately, avoid cultural misjudgments, and adapt communication styles and care approaches accordingly. This cultural attunement enables nurses to establish trusting relationships and respond more effectively to patients' expectations, values and beliefs. Consequently, the transcultural nursing model influences not only the technical delivery of care but also the psychosocial dimensions, including emotional comfort, shared decision-making, and respect for patients' cultural and spiritual values.

From a theoretical standpoint, these findings provide empirical support for Leininger's Culture Care Diversity and Universality Theory, which conceptualizes care as "the essence and the central, dominant, and unifying focus of nursing" (McFarland & Wehbe-Alamah, 2019). Leininger emphasized that nursing care achieves its fullest meaning and effectiveness when it is culturally congruent with patients' value systems and life patterns. In this study, the application of cultural sensitivity allowed nurses to deliver care that aligned with patients' cultural expectations, thereby enhancing the quality of therapeutic relationships and overall care experience. This reinforces the proposition that transcultural nursing is a critical foundation for patient-centered and holistic nursing care in culturally diverse settings.

### **Implications for Nursing Practice and Hospital Policy**

The findings of this study offer important practical and policy implications for advancing professional nursing practice in multicultural hospital settings in Indonesia. At the level of nursing education and professional development, the results highlight the urgent need to systematically integrate cultural competence into the nursing curriculum. Training in cultural assessment, culture-based dietary counseling, and cross-cultural communication should be embedded as core components of community nursing and medical-surgical nursing courses. Such curricular integration would ensure that nurses are equipped with the knowledge and skills required to deliver culturally congruent care in increasingly diverse healthcare settings.

At the institutional level, hospitals are encouraged to translate transcultural nursing principles into operational policies and procedures. The development of transcultural-oriented Standard Operating Procedures (SOPs) for nutrition and nursing services is essential. Practical strategies may include the provision of ethnic- or religion-based menu options, the involvement of nutritionists in culturally informed counseling, and the strategic placement of nurses who possess language skills and a contextual understanding of local cultures in units serving multiethnic patient populations. These organizational measures enable transcultural nursing to move beyond individual

initiatives and become an integral part of institutional service standards.

At the policy level, the results of this study align closely with the World Health Organization's framework on Culturally Competent Health Systems, which emphasizes the continuous capacity building of health workers to ensure that healthcare services are inclusive, equitable, and responsive to patients' cultural values (WHO, 2023). In this context, hospitals are encouraged to pursue not only clinical effectiveness but also patients' social and emotional acceptance of care. Integrating transcultural competence into hospital accreditation criteria, quality improvement indicators, and continuing professional education programs may contribute to more sustainable and culturally equitable health systems.

Overall, this study reinforces Leininger's theoretical proposition that the effectiveness of nursing services is fundamentally determined by the ability of health professionals to adapt clinical interventions to patients' value systems, beliefs, and cultural practices (Kaphle et al., 2022; Zahiruddin et al., 2020). In culturally diverse Indonesian hospitals, where patients commonly originate from ethnic groups such as Javanese, Batak, Minangkabau, Chinese, and Malay communities, the systematic application of the transcultural nursing model represents a strategic pathway to strengthen patient-centered care and promote cultural equity in healthcare delivery.

### **Research Limitations**

Several limitations of this study should be acknowledged when interpreting the findings, as they provide important directions for future research. First, the use of a quasi-experimental design limited the level of control over potential confounding variables, such as variations in nurses' professional experience, differences in work shifts, and patients' subjective perceptions of the quality of service. Although the baseline characteristics between the groups were comparable, the absence of full randomization may have influenced the magnitude of the observed effects.

Second, although the sample size was sufficient to detect statistically significant differences, it was relatively modest and was drawn from a single hospital setting. Consequently, the findings primarily reflect the experiences of patients in one Type B urban

hospital and may not capture the full range of cultural dynamics present in other healthcare contexts. Future studies with larger sample sizes across multiple institutions will enhance the statistical power and strengthen the robustness of the conclusions.

Third, the duration of the intervention was relatively short, spanning only three days. This limited timeframe may not adequately reflect the long-term effects of transcultural nursing interventions on sustained patient satisfaction, behavioral changes related to nutrition, or the continuity of culturally congruent care practices among nursing staff. Therefore, longitudinal follow-up is required to assess whether the observed benefits persist over time.

Finally, the single-site design restricts the generalizability of the findings, particularly to rural hospitals or healthcare facilities that serve more culturally homogeneous populations. The cultural diversity of the study setting may differ substantially from that of other regions in Indonesia. Consequently, caution is warranted when extrapolating the results beyond multicultural hospital environments.

Future research should employ longitudinal designs or randomized controlled trials (RCTs) with extended intervention periods and multisite participation involving hospitals with diverse cultural and geographic characteristics. Additionally, incorporating mixed-method approaches, including qualitative interviews or focus group discussions, would provide deeper insights into patients' subjective experiences and further elucidate the mechanisms through which transcultural nursing influences patient satisfaction and care outcomes.

## Conclusion

This study demonstrates that applying Leininger's transcultural nursing model significantly improves nutritional care satisfaction and overall nursing care satisfaction in a multicultural hospital setting. Integrating cultural values into nutritional nursing care enhances patient acceptance of hospital diets, strengthens nurse-patient relationships, and improves patients' perception of care quality.

These findings support the incorporation of transcultural principles into nursing practice, hospital nutrition policies, and nursing

education to promote culturally equitable and patient-centered health care. In multicultural health systems, particularly in multiethnic contexts such as Indonesia, the transcultural nursing model provides a strategic framework for delivering holistic, respectful, and culturally responsive nursing and nutritional services to diverse populations.

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