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Erasmus+ Capacity Building in Higher Education Project

Supporting development of TransCultural Competence for healthcare professionals in the Western Balkans TCCWB

Report on Workshops

Workshop 1 Zenica 11.-12.6.2024
Workshop 2 online 1.10.2024
Workshop 3 Brussels 3.-5.12.2024
Workshop 4 online 4.2.2025
Workshop 5 Sarajevo 25.-27.3.2025
Workshop 6 online 29.9.2025
Workshop 7 Mostar 16.-17.12.2025

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I. INTRODUCTION

This report aims to evaluate the process and satisfaction with the TCCWB project's training of trainers' workshops 1-7 which belong to the work package 2.

This project and the workshops have been funded with support from the European Commission. This publication reflects the views only of the authors, and the Commission cannot be held responsible for any use which may be made of the information contained therein.

This report has been written from January 2025 to March 2026 by the TCCWB project partners from Turku University of Applied Sciences, Joukahaisenkatu 3, (ICT-City 3rd floor), 20520 Turku, Tel. (+358) 10 315 3017, https://www.tuas.fi/en/

II. WORKSHOP 1 – DIGITAL EDUCATION AND MICRO-CREDENTIALS

This Workshop 1, in other words event 2.1 was simultaneously held with the kick-off on June 11th and 12th year 2024 in the University of Zenica partly as a hybrid meeting. According to the project plan the kick-off meeting was supposed to be arranged in Odisee Brussels, but the location was changed to Zenica in Bosnia and Herzegovina. Workshop 1 was the first training of trainers focusing on the topic of digital education and micro-credentials.

PROGRAM

The preliminary program of the kick-off meeting and workshop 1 was sent to all project partners in advance. There were small changes to the program. See pictures below.

Day 1, 11th June

10.00 – 10.30	Tour De Table: Introduction of partners	all partners
10.30 –11.30	Project introduction (goals, WP's & partners, meetings, deliverables, timeline	ODISEE
11.30 – 11.45	break	
11.45 – 12.45	WP 1, 2, 3	UES, UNZE, FAMI
12.45 – 14.00	lunch	
14.00 –15.00	WP 4, 5, 6	UNZE, UNSHK, TUAS
15.00 – …	Social activity	
Evening	dinner	

Day 2, 12th June

9.00 – 10.00	WP 7, i.e. financial management, partnership agreement, practical arrangements, next steps	ODISEE
10.00 –10.15	break	
10.15 –11.45	Workshop on microcredentials	ODISEE (and local partner)
11.45 – 12.30	Questions, discussion	all partners
12.30	lunch	
Afternoon	Social activity	

Additionally, the project consortium participated to some sessions of the Zenica University summer school program. The Moodle online platform presentation was cancelled.

TUESDAY
11.06.2024.

Room 10

10.00- 10.30

TCCWB Project kick off meeting – presentation of project (Odisee & UNZE)

(All participants)

10.30 – 11.00 Cultural aspect of nursing / Health care in Greece
Dimitris Theophanidis

11.00 11.45

Stefanie Preaxmarer – Fernandes

Strengthening Nursing and Midwifery in the WHO European Region

(All participants)

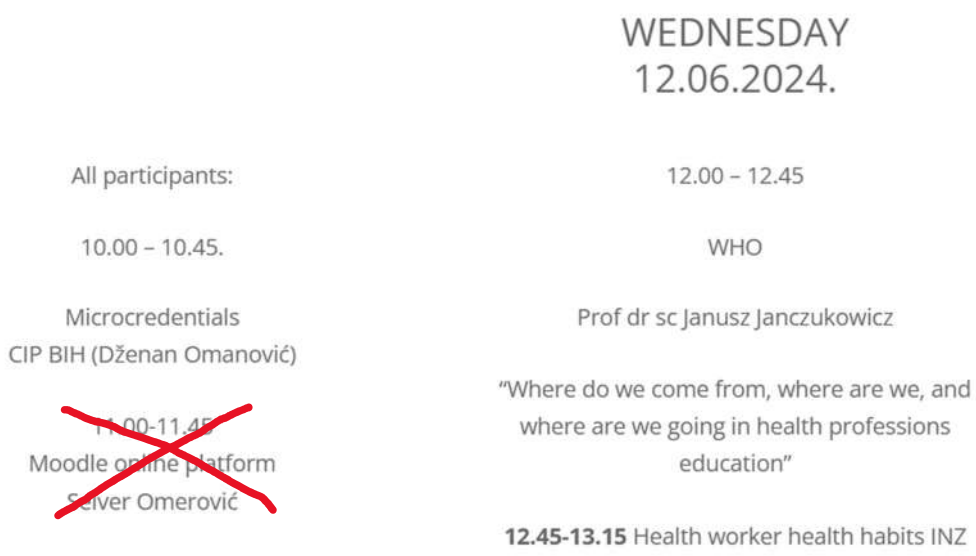
11.45 – 12.15. **Preventive work in school medicine**

Doc dr sc Nino Hasanica (INZ)Lunch break

12.15-12.45 **Nutrition in practice**

Safe food Safe Ageing

Benjamin Causevic INZ



CONTENT OF WORKSHOP 1

Kick-off meeting

The TCCWB project coordinator Iris Van Steenwinkel (dr., MSc) had prepared a timeline with the meetings and deliverables. The timetable and deadlines were agreed upon and finalized. Each partner presented an overview of the work packages under their main responsibility.

Workshop 1

Specialist on cultural dimensions in nursing, assistant professor Dimitris Theofanidis from the International Hellenic University was invited as a guest speaker. He shared on Cultural contexts of nursing in Greece and gave illustrative examples of the effects of culture to health care and nursing. Professor shed light on the meaning of informal caregiving, because in Greece illness is a family affair. In Greece family caregivers are especially important: they participate in the basic care and help the nurses in rehabilitation and medication management. Religion has a role to play in health beliefs. In Greece religion is used to take away the blame of bad lifestyle as the diseases can be considered God's will or destiny. Professor Theofanidis gave insights also on Greek beliefs and traditions on terminal care, palliative care, and death.

Head of Department for Information and Cooperation Dženan Omanović from the Centre for Information and Recognition of Qualifications in Higher Education in BiH gave a lesson on micro-credentials in higher Education. Omanović gave examples of EU projects developing the implementation of micro-credentials and introduced the Council Recommendations on a European approach to micro-credentials for lifelong learning and employability. He also presented an example from Italy on a micro-program from engineering. Lastly, he considered the legislation changes in BiH concerning issuing micro-credentials.

Iris Van Steenwinkel gave an overview of the definition of micro-credentials and presented the framework and roadmap used withing the KU Leuven Association. The eight steps of the roadmap gave concrete points to consider in the process of developing micro-credentials.

In addition to above mentioned project related programs, we had an opportunity to receive presentations on:

- Dealing with obesity: Healthy habits Healthy employees by Maja Jonjić- Trifković (mag.nutr.). This presentation gave good insights on different eating habits in different countries and what are the traditional foods preferred by people living in BiH.
- Safe food Safe Ageing by Benjamin Causevic INZ, (dipl. Ing. Preh. teh.) and
- Virtual Exchange project by Astrid Niersman from Hanze the Netherlands.

LOCATION

The kick-off meeting and workshop 1 were held at an auditorium of the University of Zenica.

PARTICIPANTS

From TCCWB project consortium at least two participants from each HEI attended the meeting and workshop 1. A few participants participated remotely. The attendance list can be found from Appendix 1.

TCCWB partners and summer school attendants at the University of Zenica.

III. WORKSHOP 2 – EVALUATION TOOLS, TECHNIQUES AND STRATEGY

The TCCWB workshop 2 (event 2.4) was arranged online in 1ST of October 2024. The topic was evaluation tools, techniques and strategy. The workshop was organized by Turku University of Applied Sciences.

PROGRAM

The program was sent to participants before the workshop via email. Below is the final version of the program.

CONTENT OF WORKSHOP 2

The workshop started with a presentation from Turku and Turku University of Applied Sciences, because the place was foreign to most of the participants. In the end of the workshop, also general issues like data management plan and the next workshop were discussed.

Instructional design ADDIE

ADDIE is an instructional model for planning educational training. This model has often been used in the development of cultural competence training. The model consists of four different stages: analysis, design, development, and implementation. Especially the analysis and design phase were discussed from the perspective of this project. The partners discussed openly

different teaching methods that are currently in use in the universities of Albania and BiH. Based on the literature review of WP 1, classroom teaching, online teaching, simulation, and cultural immersion have been used in cultural competence education.

Cultural Competence measurement tools and satisfaction survey

The workshop presented two different tools that have been widely used to measure cultural competence. These were Cultural Competence assessment tool (CCA) originally developed by Schim, Doorenbos & Benkert (2005) and The Transcultural Self-Efficacy Tool (TSET) developed by Jeffreys & Smodlaka (1998). Both tools are suitable to measure students and nurses' cultural competence. The CCA tool was considered more feasible because it is shorter, and one of the project partners had used in a research study before. The CCA tool was selected for this project. Often the Marlowe-Crowne Social Desirability Scale is integrated with the CCA tool. However, this scale was decided to be omitted in this project because the Cultural Competence Survey scoring instructions do not define the connection between social desirability scores and CCA measurements. There was also a discussion on background factors and demographic variables. It was decided to follow the participants cultural competence development with a pre- and post-test design.

A proposal for measuring satisfaction was also presented at the workshop. The original proposal contained a total of 11 separate questions. The questions had originally been developed by other partners of the project. The questions were modified to fit this project. A total of 10 questions were selected for the final satisfaction survey. In addition to these, one open question was added. In the future, the satisfaction survey will always be sent after the workshops and the pilot programs. It was decided to collect all the data electronically and the translations will be provided by partners.

LOCATION

The workshop 2 was arranged online in Teams.

PARTICIPANTS

There were 22 participants in the workshop. The participants consisted of the TCCWB project coordinator and partners. The attendance list can be found from Appendix 2.

IV. CULTURAL COMPETENCE AND SATISFACTION SURVEYS

The cultural competence of the participants in the workshops 3-7 was measured by the cultural competence assessment CCA instrument (Schim et al., 2003; Doorenbos et al., 2005). The

permission to use the CCA instrument Version: 5 March 2016azd was received from Dr. Ardith Z. Doorenbos. Originally, the instrument was designed to assess health care providers' cultural competence. The instrument has 25 items, and it is scored on a 7-point Likert scale from strongly agree to strongly disagree. The respondent can also choose the “no opinion” alternative. (Yadollahi et al., 2020.) The instrument has two subscales which are Cultural Awareness & Sensitivity Subscale (CAS) (11 questions) and Cultural Competence Behavior Subscale (CCB) (14 questions) (Schim et al., 2003; Doorenbos et al., 2005). In addition, seven demographic and background questions were included. We included only three demographic questions because of the small sample and to protect the anonymity of the participants. Demographic and a background question were previous education, participation in cultural diversity training, what kind of cultural diversity training, encountering with other ethnic groups or special population groups, competence to work with people who are from cultures different than your own and competence to teach cultural competence.

Satisfaction with the workshops was assessed with nine individual questions. Questions were scored on a 4-point Likert scale from strongly agree to strongly disagree. It was also possible to choose the “not sure” alternative. The questions had originally been developed by other partners of the project. The questions were modified to fit this project. In addition, overall satisfaction with the workshop was measured with one rating scale question from 0 to 10. Where 0 indicated very dissatisfied and 10 very satisfied. Also, the respondents had the opportunity to write feedback to one open question. Satisfaction with the workshop was asked after each workshop. It took about five minutes to answer the satisfaction survey.

Participants received a cover letter as well as a link and a QR code to the pretest before the workshops via e-mail or they got the link to the questionnaire in the beginning of the workshop. The project coordinator or TUAS sent out the survey invitation to the participants before the workshops. Participants were asked to respond to the pretest only once, but the opportunity was given at several workshops.

After the workshops 3 and 7 participants answered the CCA survey again. Pretest and post-test answers were combined with a personal code that the participants had made up themselves. The survey was completely anonymous and did not collect any personal data. Completing the surveys was voluntary. Completion of the survey indicated participants informed consent to participate in this survey. It took about 15 minutes to answer the CCA surveys. The data was analysed statistically with IBM SPSS Statistics program, versions 29 and 30.

V. WORKSHOP 3 – TRANSCULTURAL NURSING AND CULTURAL COMPETENCE IN NURSING

The TCCWB workshop 3 arranged in Brussels 3.12.-5.12.2024. The workshop's topics were to present the main findings from work package 1, present and discuss the roadmap and transcultural nursing and cultural competence in nursing. There was also a steering committee meeting.

Originally, the event was planned to be held in Zenica, Bosnia and Herzegovina. However, the Kick-off meeting was in Zenica instead of Brussels, so this workshop was decided to move to Brussels. The exact dates of the workshop were already decided in the Kick-off meeting.

The cultural competence of the participants was measured with a Cultural Competence Assessment instrument before and after the workshop. Also, participants' satisfaction with the workshop was assessed after the workshop. The respondents had the opportunity to write feedback to the open question.

Odisee University of Applied sciences together with University of Zenica arranged the workshop.

PROGRAM

Below is the final version of the agenda.

Erasmus+ Capacity Building in Higher Education Project

Supporting development of TransCultural Competence for healthcare professionals in the Western Balkans (TCCWB)

Workshop 3: Transcultural Competence

3-5 December 2024

Warmoesberg 26, 1000 Brussel

Agenda

3/12

9.30-10h: registration (building: 't Serclaes, room: A 07.01)

10h-12h: Steering committee (building: 't Serclaes, room: B 07-02, hybrid meeting)
For members of the steering committee. Other colleagues already present, are free to work in a nice and spacious room on the same floor (A 07.01), where coffee and tea will be available.

- Financial update (UNZE, 20 minutes)
- Purchases what to buy and why (UNZE, 30 min.)
- Dissemination strategy (UNSHKO, 30-45 min.)
- Upcoming events (10 min.)
    - 4 February: workshop 4: challenges in nursing people on the move (UES)
    - 24-26 March: Launch WP3 and workshop 5: training material (FAMI)
- Miscellaneous (15 min.)

12h-13.30h: lunch together with participants of International Staff Day at Odisee @ Wolf (close to Odisee)

13.30-17h: (building: Hermes, room: 7118, hybrid meeting)
For all TCCWB participants

- Workshop on learning objectives, content and teaching methods [UES, UNZE, FAMI, 1,5h)
- break
- Course organizational aspects (regular course/elective/microcredential/...) (UNZE, 45 min.)
- Roadmap (UES, 45 min.)

4/12

For all TCCWB participants

10h - 12h: keynote on cultural competence by Bleri Leshi (building: Hermes, room: 6.306, hybrid)

12h-13.30h: Lunch @ Odisee

13.30 - 17h: workshop on cultural competence by Bleri Lleshi (building: Hermes, room: 7116)

18h: diner in restaurant Bouillon (close to Odisee)

5/12

For all TCCWB participants

9.30h - 12.30h: workshop on cultural competence (building: Hermes, room: 4107, hybrid meeting)

- 9h30- 10h30: Hanze hogeschool: pilot program on cultural competence
- 10.30-10.45: break
- 10.45-11.45: IOM: international organisation for migration: needs of health workforce facing people with different cultures
- Wrap up

12.30h: Lunch @ Odisee

CONTENT OF WORKSHOP 3

Steering committee

The event began with a meeting of the steering committee. According to the program, the budget of the project, future purchases, dissemination and future events were discussed. This was only attended by steering committee members.

Workshop on learning objectives, content, and teaching methods

The first workshop discussed the objectives, content, and teaching methods of the pilot. Initial goals were considered, and artificial intelligence was used to help in this task. The idea of teaching methods was remarkably similar in different higher education institutions on Westerns Balkans. For example, lectures and OSCE simulations were thought to be teaching methods. A roadmap was also presented, and comments were shared.

Keynote on cultural competence

The keynote speaker of the workshop was Bleri Lleshi. He is originally from Albania but lives now in Belgium. His research focuses for example on migration. He talked about increasing diversity, diversity in Brussels, cultural competence, its challenges and shortcomings. This keynote lecture was also attended by participants of the Odisee International Staff days.

Workshop on cultural competence by Bleri Lleshi

The chairperson of this workshop was Bleri Lleshi. This part began with a discussion of everyone's role in the project as well as the challenges of cultural competence in their own country. Finally, a proposal for the main outline of the pilot program was discussed. There were eight topics in the proposal. Each included a lecture and relevant cases and reflective activity.

Workshop on cultural competence

At first, Judith Pellicaan from Hanze Hogeschool presented their pilot program on cultural competence. The presentation included the importance of intercultural competence, an example of European nursing module and main learning points. After this presentation migration health coordination Paranos Darko from International Organisation for Migration (IOM) presented the topic “Needs of health care workforce facing people with different cultures”. His presentation included for example past and current context in Bosnia and Herzegovina, challenges in health care and key elements of cultural competences. Both speakers participated in the workshop remotely. Finally, the three-day workshop was wrapped up, and the most important issues of the workshop and future actions and deadlines were discussed and decided.

LOCATION

The workshop was held at the Odisee University of Applied sciences in Brussels. The Steering Committee was organized in a smaller venue (i.e., the members of the steering committee), which was also well suited for remote participants. Keynote on cultural competence by Bleri Leshi was organized in a bigger auditorium. Other sessions were held in a classroom. All rooms had the possibility of remote participation and a TV screen.

Building: ‘t Serclaes, Steering committee hybrid meeting

Building: Hermes, hybrid meeting, workshop on learning objectives and course organizational aspects

PARTICIPANTS

The participants consisted of the TCCWB project coordinator and partners. A few did not make it to Brussels but were nevertheless able to participate remotely. The number of participants varied between 20 and 24 (due to illness and airplane schedules some participants could not attend part of the workshop). Each participating partner had one to four participants. From each WB partner HEI two faculty members joined the workshop. In addition, two extra persons attended the workshop from each HEI from WB. These extra people will for example participate in the planning and implementation of the pilot program in these higher education institutions. The attendance list can be found from Appendix 3.

SATISFACTION WITH THE WORKSHOP

12 people responded to the pretest and post-test. However, one code could not be combined in the responses. Because of this, only 11 responses were included in the cultural competence responses. In the satisfaction survey, all 12 responses were considered (response rate 50 %).

Participants' overall satisfaction with the workshop was very high (Mean 9,6; standard deviation 0.8). The participants were also satisfied with the following aspects of the workshop: the training's content, clarity, increased knowledge, and the possibility of active participation. Participants were mostly satisfied with the teaching methods and most of them felt that the workshop met their expectations. However, a few participants were not entirely satisfied with these aspects (Figure 1, Figure 2).

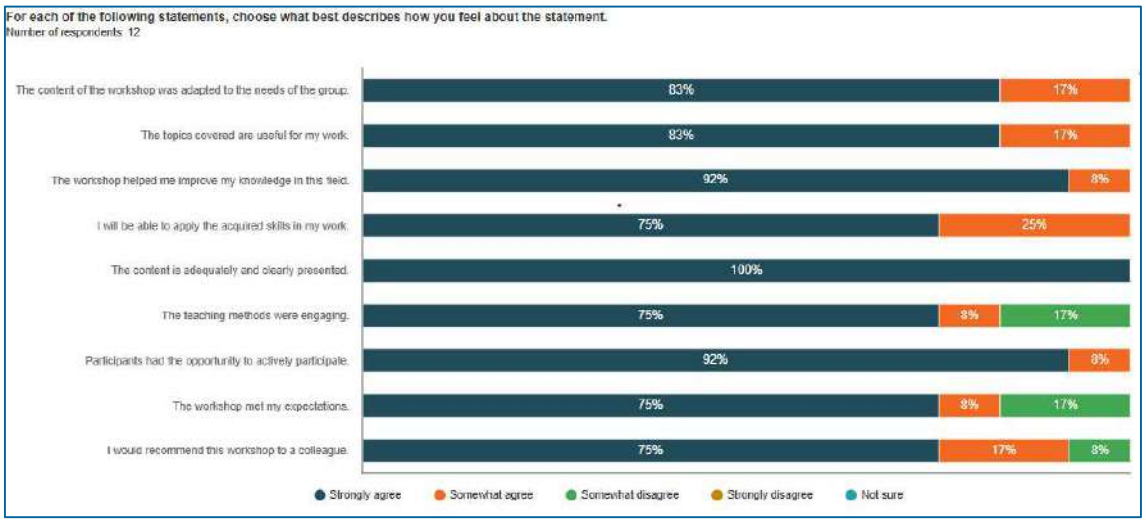


Figure 1. Satisfaction with the workshop in Brussels

According to open feedback answers (n=3) the workshop was found an excellent, useful and it was experienced to support learning.

VI. WORKSHOP 4 – CHALLENGES IN NURSING PEOPLE ON THE MOVE

The TCCWB workshop 4 was arranged online in 4th of February 2025. The topic was challenges in nursing people on the move. The workshop was organized by the University of Zenica. There were 26 participants online.

Participants who had not previously answered the cultural competence survey answered the pretest at the beginning of the workshop. After the workshop, participants were asked to evaluate the workshop by responding to the satisfaction survey.

CONTENT OF WORKSHOP 4

Originally there were supposed to be four different presentations, but two presenters had to cancel their participation on a short notice. So, there were two presentations in the workshop 4. After the presentations, there was a brief discussion on the subjects. In the end of the workshop 4, the progress of the project and other issues like the dissemination plan, pilot project and roadmap were discussed.

Cultural sensitivity and stress management

The first presentation dealt with the subject of Cultural sensitivity and stress management. The presentation was held by MSc Irina Rizvan, a psychologist. The purpose of the presentation was

to inform the TCCWB partners about the goal and content of the Stress management training for health professionals who provide services to migrants and asylum seekers in Bosnia and Herzegovina. The duration of this training was eight hours containing three different modules.

Nursing migrant populations: contemporary challenges

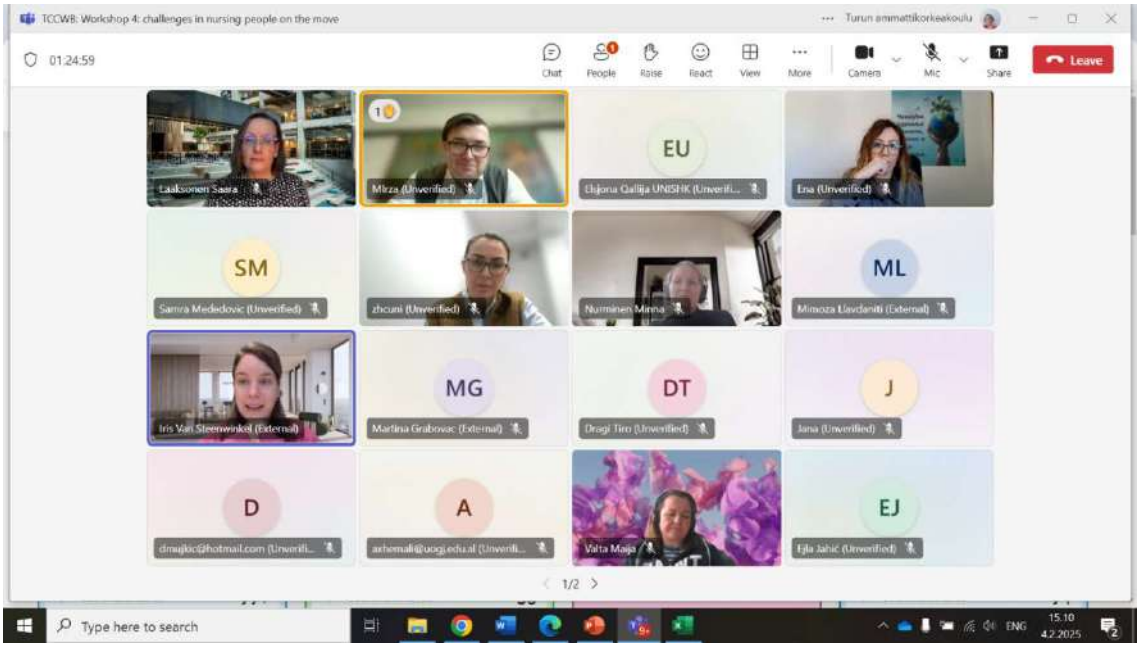
The second presentation dealt with the subject of Nursing migrant populations: contemporary challenges. The presentation was held by assistant professor Dimitris Theofanidis from the nursing department, international Hellenic University in Greece. He talked about migration, challenges on promoting migrants' health, migration as a global health issue, prevalence of mental health conditions and current situation in Greece.

LOCATION

The workshop 4 was arranged online in Teams.

PARTICIPANTS

There was a total of 26 participants in the workshop. The participants consisted mainly of the TCCWB project coordinator and partners. Also, new participants attended the workshop from higher education institutions from Westerns Balkans. These attendants will for example participate in the planning and implementation of the pilot programs in their higher education institutions. In addition, two participants were invited to have a presentation at the workshop.



The attendance list can be found from Appendix 4.

SATISFACTION WITH THE WORKSHOP 4

Total 18 participants responded to the satisfaction survey after the workshop 4 (response rate 69 %). Overall satisfaction was very high (Mean 8,9, Median 10, Standard deviation 1,5). Participants were especially satisfied with the content and that they had opportunity to actively participate. The participants were most critical towards teaching methods. About two-thirds would recommend this workshop to a colleague.

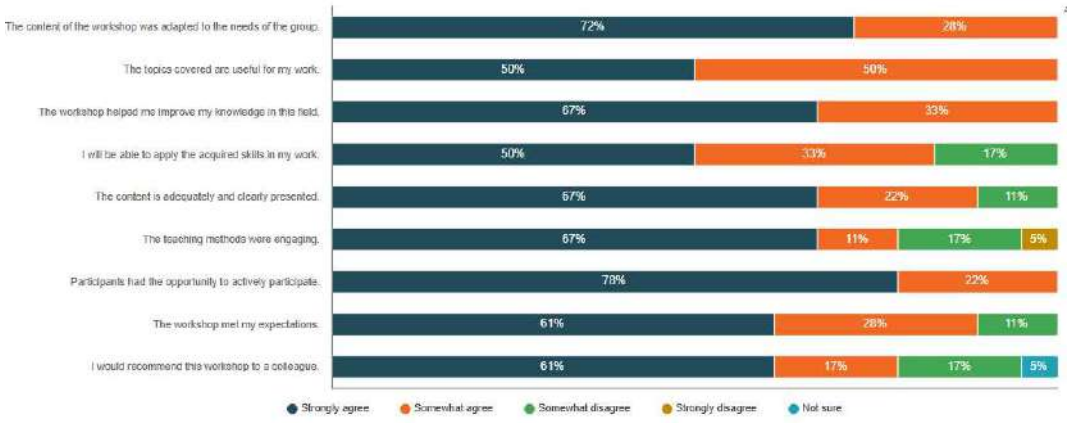


Figure 2. Satisfaction with the online workshop

Only one participant had left open feedback after the workshop. The participant felt that she/he had received useful information about health issues of migrants.

VII. WORKSHOP 5 – TRAINING MATERIAL FOR THE PILOT PROGRAM

The TCCWB workshop 5 was arranged in Sarajevo 25.3.-27.3.2025. The topic was training material for the pilot program. The workshop was organized by FAMI together with the University of Zenica.

Participants who had not previously answered the cultural competence survey could do so at the beginning of the workshop. After the workshop, participants were asked to evaluate the workshop by responding to the satisfaction survey.

PROGRAM

Below is the last version of the program. However, small last-minute changes were made to the program. On day 1 Goran Čerkez's presentation was before WHO´s presentation. The guided

tour of Sarajevo was cancelled due to bad weather conditions. Day 2 started with the workshop 3 on Teaching methodologies and a presentation by Fenix Center which was not mentioned in the program. We did not visit the migrant centre in Blazuj. The workshop 5 did not continue the third day.

Erasmus+ Capacity Building in Higher Education Project
Supporting development of TransCultural Competence for healthcare professionals in the Western Balkans TCCWB

WORKSHOP 5 – Pilot Program

AGENDA

25-27 March 2025
Hotel Hollywood, Sarajevo, Bosnia and Herzegovina

Day 0: Monday, March 24, 2025

Welcome to Sarajevo!

- **All Day:** Arrival of participants.
  Transportation from Sarajevo International Airport/ Bus station to nearby accommodations.

Day 1: Tuesday, March 25, 2025

Venue: Hotel Hollywood, Dr Mustafe Pintola 23, Sarajevo

- **10:00 - 10:15:** Welcome and Introduction
  Overview of the workshop goals, schedule, and participant introductions

- **10:15 - 10:30:** Pre-survey
- **10:30 - 11:00:** Presentation: "*Insights into the role of transcultural competence in healthcare settings*", World Health Organization (WHO)
- **11:00 - 11:30:** Presentation: Goran Čerkez, Assistant Minister for Public Health, Federal Ministry of Health
- **11:30 - 12:00** Presentation: "*Exploring Sarajevo's cultural heritage as a model for intercultural understanding*", Sarajevo Meeting of Cultures (SMOC)
- **12:00 - 13:00:** Open Forum for Questions

- **13:00 - 14:00:** Lunch Break (on-site at Hotel Hollywood).
- **14:00 - 15:00:** Workshop 1: Teaching Methodologies: 4 step Peyton,
- **15:00 - 16:00:** Workshop 2: Teaching Methodologies: OSCE
- **16:00 - 16:30:** Wrap-Up Session of Day 1
  Reflection on key learnings and preparation for Day 2

Afternoon Activities

- **17:00 - 18:00:** Guided Tour of Sarajevo
  Discover the city's cultural and historical landmarks, including Bascarsija, Latin Bridge, and Vijecnica (City Hall).
- **18:00 - 20:00:** Traditional dinner at local restaurant.
- **20:00 - 21:00:** Guided Tour of Sarajevo
  Discover the city's cultural and historical landmarks, including Bascarsija, Latin Bridge, and Vijecnica (City Hall).

Day 2: Wednesday, March 26, 2025

Venue: Hotel Hollywood, Dr Mustafe Pintola 23, Sarajevo

- **10:00 - 10:15:** Introduction
  Recap of Day 1 and outline for Day 2
- **10:15 - 11:30:** Workshop 3: Teaching methodologies
- **11:30 - 13:00:** Workshop 4: Teaching methodologies
- **13:00 - 14:00:** Lunch Break (on-site at Hotel Hollywood).
- **14:00 - 15:30:** Workshop 5: Pilot Program Development Process (Part I)
  Collaborative planning of a pilot program for transcultural competence training
- **15:30 - 16:00:** Wrap-Up Session of Day 2
  Reflection on key learnings and preparation for Day 3

Possible visit to the migrant center in Blazuj (between 10:15 and 13:00)

Day 3: Thursday, March 27, 2025

Venue: Hotel Hollywood, Dr Mustafe Pintola 23, Sarajevo

- **09:00 - 10:30:** Workshop 5: Pilot Program Development Process (Part II)
  Finalizing the program design
- **10:30 - 10:45:** Post-survey
- **10:45 - 11:00:** Closing Remarks and Next Steps
- **11:00 - 13:00:** Steering Committee Meeting
  Discussion of project progress, challenges, and future activities
- **13:00 - 14:00:** Farewell Lunch

Departure

After 14:00: Departure of Participants

CONTENT OF WORKSHOP 5

Day 1 presentations on Tuesday 25.3.2025

The opening presentation was held by Goran Čerkez the Assistant Minister for Public Health from the Federal Ministry of Health in BiH. He considered the factors influencing the health and wellbeing of migrants and their families along the phases of migration. In the pre-migration phase the main health challenges are related to epidemiological profile and differences compared with the destination country. In the movement phase the migrants can be subjects to violence, different forms of abuse and lack of basic health necessities. In the arrival and integration phase the migrants can have limited access to services and may suffer from separation from family members. In addition, they can feel social exclusion and discrimination. In the return phase the migrants commonly have physical health issues like injuries from travel, respiratory infections, nutritional deficiencies and poor chronic disease management. The most prevalent mental health challenges include post-traumatic stress disorder (PTSD), depression and anxiety, sleep disorders and adjustment difficulties. Lastly Mr. Čerkez reported what BiH has already accomplished to promote the well-being of migrants: health examinations, assessment of health risks, immunizations, provision of an isolation room in the centre and primary and public health care support. In addition, access to secondary and if necessary, tertiary health care.

WHO Special Representative of the Regional Director in Bosnia and Herzegovina, Erwin Cooreman introduced the following video speaker by reminding that from the whole population of migrants some 16 % have health needs like tuberculosis (TB). It is known that bad treatment in TB is worse than no treatment. This is why it is recommended to give migrants the drugs for 6 months to avoid resistance. Health promotion should be done proactively keeping in mind that integration is the first step to wellbeing and health.

Next, we watched a recently recorded video lesson by WHO Nursing and Midwifery Policy advisor Margrieta Langings. The title was "*Nurses' role in primary health care: strengthening systems, enhancing access, and improving outcomes*". European Health report 2024: reminds us from the fact that preventable noncommunicable diseases, poor mental health and infectious diseases are important challenges of primary health care. Investing in primary health care reduces noncommunicable disease burden, inequalities, unmet need and catastrophic healthcare payments among the poor. Investments to rural areas and rural area health care workforce is vital to their development. Nurses are the connectors in a multidisciplinary team. It is important to make sure that the care is patient centred. The competencies for nurses working in primary health care have been defined by WHO (2020): Empowering and supporting patients, securing health and services relevant to community and population needs, interprofessional communication, health communication, team-based delivery of care, understanding individual's needs, clinical practice, reflective research practice and maintaining professional expertise. Ms. Langings shared proof on how nurses improve access to, quality of and timeliness of care.

Next speaker was Mr. Dino Mujkic, Assistant professor of Sport and physical education of University of Sarajevo dpt. of Sport management and the president of Sarajevo Meeting of

Cultures SMOC. The presentation titled "*Exploring Sarajevo's cultural heritage as a model for intercultural understanding*" included information on SMOC and a short cultural history review of Sarajevo founded by the Ottomans. Its cultural history is a heritage from Muslim, Orthodox, Catholics and Jews. There was a big transition after the war from socialism to an open society. These are some of the influencing factors on the Balkan culture. SMOC has listed Sarajevo's ten valuable historical and religious buildings representing well the development and diversity of the city.

Daniel Goleman (1995) has defined in his book *Emotional intelligence* the five elements of it. Mr. Mujkic suggests that these five elements could be adapted to define Emotional literacy (intelligence) in Transcultural Settings too. *Self-awareness* would require acknowledgement of how one's cultural background influences interactions with others. *Self-regulation* is a key to maintaining professionalism, preventing conflicts and handling stress in cultural misunderstandings. *Internal motivation* is based on respect for diverse values and beliefs and is needed for genuine collaboration. *Empathy* is perhaps the most critical element for transcultural interactions. It involves understanding and sharing the feelings of another person from a different cultural background. *Social skills* are needed in coordinating with diverse groups, resolving conflicts and achieving goals together. There are self-tests available for both emotional and social intelligence. Mr. Mujkic concluded that we would need all these: emotional, social, organizational and cultural intelligence.

Dr. Mirza Oruc introduced two teaching methodologies for the participants. Firstly, Payton four step methodology and then Objective Structured Clinical Examination OSCE simulations. Payton 4 step methodology is used to teach nursing students basic clinical skills. Students need theoretical knowledge on the main elements of the session prior to the first step: *Demonstration*: teacher performing the skill without explanation. After that comes *Deconstruction*: where the teacher is doing and explaining. In step *Comprehension*: students lead the process and tell the teacher what to do. Last step is *Performance*: students demonstrate the same skill while explaining the procedure. Dr. Oruc recommended having a short dialogue with the students afterwards on how to improve the skill training session. Guidelines on procedures have been made and documented on national level in Bosnia and Herzegovina.

Dr. Oruc introduced the process of OSCE simulations. He referred to Miller's pyramid of knowledge (1990), on which OSCE simulations are situated second from top in the ability to "show" step. OSCE simulations can be used in the beginning, during and at the end of a course. A scenario needs to be written for each station with a defined task and instruction sheets. Examiners need precise checklists. Then we watched an example from YouTube by Geegy medics: Sexual health history OSCE guide. Possible cases suggested to be suitable in TCCWB were guidance on HPV vaccine, rape and pregnancy, Jehovah's witnesses in the need for blood products and people who don't trust formal medicine. Dr. Oruc knows where to find approximately 200 different cases.

Day 2 presentations on Wednesday 26.3.2025

Day two started with a presentation by Fenix Center workers Adisa Hotić, Emina Zulic and the nurses team leader Ariana Mujagić. They explained the work that has been done in Mother and Baby Corner for refugees and migrants since 2020. In the mother and baby corner mothers can rest in a safe place, socialize with other mothers or have time for themselves. “Babies” refer to under 5-year-old children. Primary health care is provided including promotion of health, nutrition and hygiene and breast-feeding, follow up of nutrition and growth, help in preparation and dosing of the milk formula. Support for pregnant women, educational workshops for pregnant mothers and women from topics like causes of baby crying, baby messages, early socialization, healthy nutrition pyramid and bathing a baby. EU has been financing this program initialized by UNICEF in co-operation with local organizations and IOM. The number of migrants has declined in recent years and services have been transferred to the public services.

The Fenix Center workers reported facing the common challenges that occur in refugee camp type of settings like migrants’ traumatic experiences, communication challenges due to a language barrier and a short stay in the camp. In addition, it was mentioned that the greatest challenge in breastfeeding was the inability to breastfeed due to stress and short time of staying in the camp.

After this presentation each partner university from the WB presented one of the six teaching plans of the pilot program. The teaching topics were: *General knowledge on transcultural competence, Work with patient from different cultures, Main cultural aspects of health, Interprofessional collaboration in Nursing, Ethical consideration in transcultural competence and Effective communication*. This was followed by an open discussion on initial plans to implement the pilot program in the partner universities.

WHO Project Officer, Mirza Palo introduced Kathrine Bach Habersaat, the Regional Advisor for Behavioural and Cultural Insights, from WHO in Teams. The title of her Power Point presentation was “*Trust - Navigating complex challenges in health”*.

Trust in health care significantly influences life-saving health behaviours. However, trust is currently on decline. However, trust in health workers remain consistently high in research studies. To maintain or build trust it is essential to explore the perspectives of those whose trust we seek. Utilizing behavioural evidence to design effective communication strategies, maintaining openness and engagement and collaborating with trusted individuals are all crucial steps in this process. The higher the trust in health care workers, the higher the treatment compliance and the less the noncommunicable disease risk behaviours. For instance, trust increases the acceptance of masks and vaccinations. In maintaining and building trust it is best established in peace time. We must maintain trust, because it is easier maintained than reversed.

Social participation is a lever for trust: Feeling heard creates trust, which can lead to public support and help in successful policy implementation. Experience shows that it is profitable to establish a coalition with trusted partners. Social exclusion reduces trust. It is advisable to communicate uncertainty because explained uncertainty does not appear to harm trust. Perceived humility was strongly associated with perceived trustworthiness. Ms. Bach Habersaat

suggested health care workers to use motivational interviewing to increase trust for example in administering vaccinations.

After this presentation the partners discussed the languages of the study materials. They will be translated to Bosnian, Serbian and Albanian languages. The consortium does not have anyone involved in a Croatian study program. The digital learning opportunities on WHO platform could be utilized. Google classroom and Teams platforms will be mostly used for the course materials.

Day 3 Thursday 27.3.2025

The steering committee meeting was held, and the meeting minutes were created to a separate document.

LOCATION

The workshop was arranged at the Hollywood Hotel in Sarajevo, Bosnia and Herzegovina. The workshop and Steering Committee were held in a conference room of the hotel. This was a face-to-face meeting but some of the presentations were organized via Teams.

PARTICIPANTS

The attendance list can be found from Appendix 5.

SATISFACTION WITH THE WORKSHOP 5

A total of 25 participants responded to the satisfaction survey after the workshop 5 (response rate 86 %). Overall satisfaction was very high (Mean 9,6, Median 10, Standard deviation 1,0). Most participants were very satisfied with all aspects of the workshop. The workshop met the

expectations of almost all the participants. Only 4 % would not recommend this workshop to a colleague.

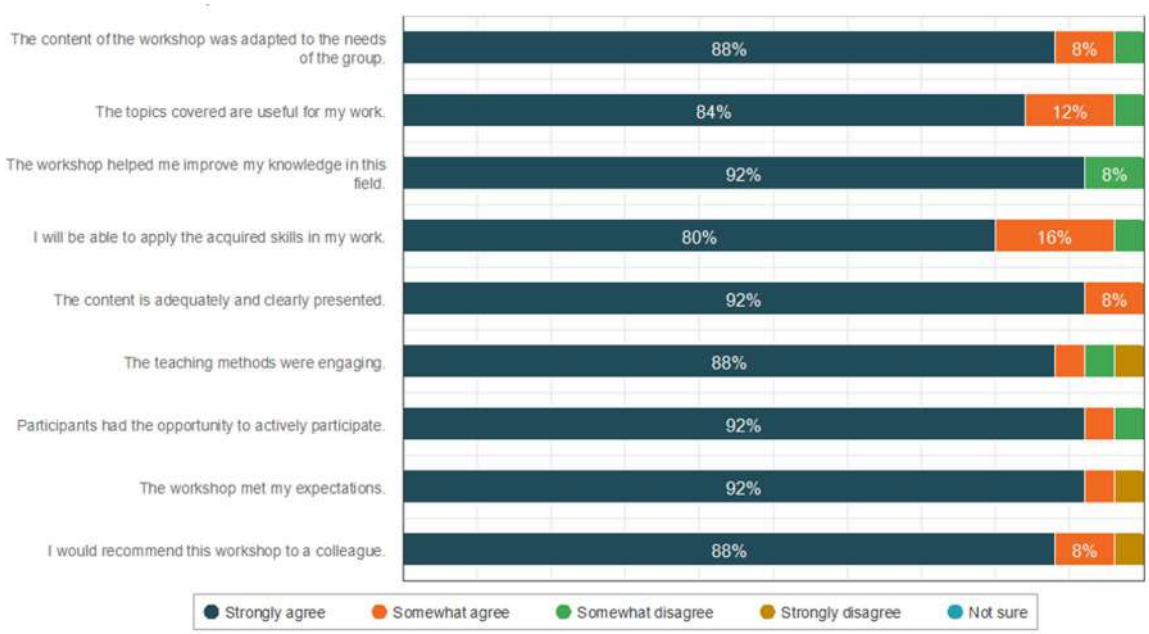


Figure 3. Satisfaction with the workshop in Sarajevo

Four participants wrote an answer to the open question. One participant was pleased to learn from excellent experts from WHO. One participant gave feedback on the teaching methods. The teaching methods were mostly lectures and not really workshop where participants could cocreate.

VIII. WORKSHOP 6 – MICROCREDENTIALS FOR POST REGISTERATION NURSES IN WB

The TCCWB workshop 6 was arranged online 29th September 2025. The topic was Micro-credentials for Post Registration Nurses in Western Balkans. The workshop was organized by the University of Gjirokastër.

After the workshop, participants were asked to evaluate the workshop by responding to the satisfaction survey.

PROGRAM

Erasmus+ Capacity Building in Higher Education Project

Supporting development of TransCultural Competence for healthcare professionals in the Western Balkans TCCWB

WORKSHOP 6

Micro-credentials for Post Registration Nurses in WB

AGENDA

29 September 2025
Online 11:00- 13:20 (11 am- 1:20 pm CET)
Meeting link: https://teams.live.com/meet/9350895859754?p=eYi2eWeZKmdyXLuYDd
University of Gjirokastër, Albania

11:00-11:10 Welcome and Introduction

Host: Zhenisa Çuni

- Greetings and welcoming guests online
- Presentation of the objectives of the workshop

11:10-11:30 Understanding micro-credentials.

Speaker: Merita Isaraj, University of Gjirokastër, Albania

11:30-11:50 Micro-credentials in Albania. Pathways for innovation.

Speaker: Zhenisa Çuni, University of Gjirokastër, Albania

11:50-12:10 Actual situation of micro-credentials in BiH. Challenges and opportunities.

Speaker: Mirza Oruč, University of Zenica, Bosna i Hercegovina

12:10-12:30 Relevance of micro-credentials to Post-registration Nurses in developed countries, examples from Finland.

Speaker: Saara Laaksonen, Turku University of Applied Sciences, Finland

12:30-12:50 Evaluation of the pilot program developed from TCCWB project, based on CCA-tool pilot results. Presentation of a simulation scenario.

Speaker: Saara Laaksonen, Turku University of Applied Sciences, Finland

12:50-13:10 Interactive Q&A and Discussion

- Participants' questions
- Feedback & suggestions

13:10-13:20 Closing Remarks

- Summary of key points
- Next steps and contact information.

CONTENT OF WORKSHOP 6

Zhenisa Cuni MD, PhD from the University of Gjirokastër, Albania, opened the meeting by welcoming everyone and explaining the objectives of the workshop both in English and Albanian. The first speaker represented the same university and was Professor Merita Isaraj.

Understanding micro-credentials – Professor Merita Isaraj, University of Gjirokastër

Professor Isaraj's presentation provided a comprehensive overview of micro-credentials, focusing on their definition, purpose, and implementation in higher education. She explained that micro-credentials are short, targeted learning experiences that certify specific skills or competencies. Micro-credentials are defined as distinct from traditional degrees and are typically delivered through online or hybrid formats. They may be issued by universities, training providers, or employers. These credentials offer several benefits, including support for lifelong learning, rapid skill acquisition, and enhanced employability. They are particularly valuable for adult learners, professionals seeking to upskill, and individuals transitioning between careers.

However, the presentation also highlighted several challenges, such as the lack of standardization, and difficulties in integrating micro-credentials into national qualification frameworks. It emphasized the importance of ensuring quality assurance and building trust in digital credentials. In the European context, Professor Isaraj referred to EU-level initiatives and frameworks aimed at harmonizing micro-credential practices among member states, including recommendations and pilot projects led by the European Commission. She concluded by stressing the need for collaboration among educational institutions, governments, and healthcare stakeholders to create ecosystems that support the development and recognition of micro-credentials.

Micro-credentials in Albania. Pathways for innovation - Zhenisa Çuni, University of Gjirokastër, Albania

Dr. Zhenisa Cuni's presentation provided a comprehensive overview of the current state and future potential of micro-credentials in Albania. She outlined how these short, skill-focused learning modules are increasingly recognized as a flexible and responsive solution to the evolving demands of the labour market and lifelong learning. In Albania, micro-credentials are being explored as a way to bridge gaps between formal education and practical competencies, especially in the context of digital transformation and European integration.

The lecture highlighted several challenges facing the implementation of micro-credentials. These include the lack of a unified national framework, limited institutional capacity, and concerns about quality assurance and recognition. Additionally, there is a need for greater awareness among stakeholders—educators, employers and policymakers—regarding the value and credibility of micro-credentials.

Despite these obstacles, Dr. Cuni emphasized the opportunities that micro-credentials present. They can empower individuals to upskill or reskill efficiently, support inclusive education, and foster innovation in curriculum design. Albania's alignment with European standards and its participation in international educational initiatives offer a promising foundation for the development of a robust micro-credential ecosystem.

Overall, the lecture underscored the importance of strategic collaboration, policy support, and digital infrastructure in realizing the full potential of micro-credentials in Albania.

Actual situation of micro-credentials in BiH. Challenges and opportunities - Mirza Oruč, University of Zenica, Bosnia and Hercegovina

Professor Oruč highlighted recent legislative developments in Bosnia and Herzegovina concerning micro-credentials. He explained that a micro-program may form part of a higher education curriculum, either through learning outcomes defined within the academic framework, a combination of academic and labour market-oriented outcomes, or outcomes entirely focused on labour market needs. Notably, a full academic year may also be recognized as a micro-program. Upon successful completion, participants are awarded a micro-credential. The professor emphasized that when a micro-program is fully integrated into an existing study program, no additional quality assurance mechanisms are required.

Professor Oruč introduced a one-year occupational health project approved by the Ministry of Health, through which students can earn a certificate.

Relevance of micro-credentials to Post-registration Nurses in developed countries, examples from Finland – Senior Lecturer Saara Laaksonen, Turku University of Applied Sciences TUAS

Senior Lecturer Saara Laaksonen presented two sessions developed in collaboration with Senior Lecturer Maija Valta and Project Planner Iida Varemäki. To begin, Laaksonen introduced the Finnish education system highlighting the phases where nursing students can benefit from micro-credentials throughout their professional careers. In Finland the legislation obliges the wellbeing services counties to monitor the professional development of nurses and to ensure that the nursing personnel participates sufficiently in continuing education. The Finnish Education Evaluation Centre (FINEEC) is targeting university audits also on the organization and management of continuous learning offerings.

Following this, various forms of post-registration education for nurses in Finland were briefly introduced with examples of current micro-credential course entities. Statistics from Turku University of Applied Sciences (TUAS) show a steady increase in the number of credits completed in nursing-related continuous learning over the past three years. Looking ahead, it is essential to continue developing the stackability of micro-credentials into larger learning entities—such as modules leading to certificates and diplomas that could be accredited within Master's programmes at universities of applied sciences. Finland's national goal is to make higher education open study options accessible for everyone through a single online portal: Opin.fi. Completed studies are recorded in a national online register, allowing students to view and share their academic achievements easily.

Following the presentation there were questions and a discussion concerning the collaboration between the health care service providers and the development of micro-credentials. The course on Restricted medication prescribing rights for nurses in Finland was discussed as an example of this collaboration.

Evaluation of the pilot program developed based on CCA-tool pilot results. – Senior Lecturer Saara Laaksonen, Turku University of Applied Sciences

The Cultural Competence Assessment (CCA) tool was piloted during April and May 2025. A total of 21 participants completed the pre-test, and 15 completed the post-test. The pilot aimed to evaluate the usability, clarity, and comprehensibility of the English-language CCA tool among nurses and nursing students in Bosnia and Herzegovina (BiH) and Albania.

The pilot did not include statistical analysis of the respondents' cultural competence. The sample is considered representative of the target population: 13 participants were studying in BiH and 8 in Albania. The gender distribution included both male (n=4) and female (n=17) respondents. Participants represented both distinct groups:

- Those for whom the course was part of university nursing studies (n=5)
- Those participating as part of continuing professional education (n=16)

Based on feedback from both project partners and respondents, multiple revisions were made to the CCA tool background variables and from the Cultural Competence Behavior (CCB) Subscale. These changes, along with their rationale, are summarized in the table 1 below.

Table 1. Summary of revisions to the CCA tool background variables and the CCB subscale.

Pilot version of the CCA-tool	Revised version of the CCA-tool	Rationale
What academic year are you studying in? ○ Fist ○ Second ○ Third ○ Fourth	Which academic year are you currently studying in? ○ First year ○ Second year ○ Third year ○ Fourth year ○ Fifth year or more	Clarification was added with the term “currently”. The “fifth or more” option was added because the normal study time in Albania is four years.
What is your highest level of education completed? ○ Less than high school ○ Vocational school diploma ○ High school ○ Bachelors degree ○ Master degree or higher	What is your highest level of education completed? ○ Vocational school diploma ○ High school (Gymnasium) ○ Bachelor's degree ○ Master’s degree or higher	The less than high school option was dropped out as an unnecessary option. High school option was clarified with the Latin term (Gymnasium) which is close to the words used in the WB languages.
In the past 12 months, which of the following ethnic groups have you encountered among your clients and their families or within the health care environment or workplace? ○ Southern American ○ Northern American ○ African ○ European ○ Asian ○ Arab/Middle Eastern ○ Other (specify)	In the past 12 months have you encountered people from the following places of origin within the health care environment or workplace or study place? Africa Yes/ No Asia Yes/ No Australia or Oceania Yes/ No Europe Yes/ No Middle East Yes/ No North America Yes/ No South America Yes/ No Other Yes/ No If yes, this question appears: Please name the other place/ places of origin of people you have encountered.	Ethnic group is a difficult term and doesn’t necessarily tell the cultural background of the person. It was replaced with “place of origin”. Study place was added to the question since the respondents will be students. Students gave feedback that they would need an alternative "none of them" because there are students that never had any contact with different cultures. Hence, Yes/ No options were added.

In the past 12 months which of the following special population groups have you encountered within the health care environment or workplace? ○ Mentally or emotionally ill ○ Physically Challenged/Disable ○ Homeless/Housing insecure ○ Substance Abusers/Alcoholics ○ Gay, Lesbian, Bisexual, or Transgender ○ Different religious/spiritual backgrounds ○ Other (specify)	In the past 12 months have you encountered following people groups within the health care environment or workplace or study place? Mentally or emotionally ill Yes/ No Physically Challenged/Disabled Yes/ No Homeless/Housing insecure Yes/ No Substance Abusers/Alcoholics Yes/ No Sexual or gender minorities Yes/ No Different religious/spiritual backgrounds Yes/ No Other people groups Yes/ No If yes, this question appears: Please name the other people group/ groups that you have encountered.	The term "special population groups" can be interpreted stigmatizing. We replaced this term with "people groups". We changed the option "Gay, lesbian, bisexual, or transgender" to Sexual or gender minorities. Yes/ No options were added
I document cultural assessments if I provide direct client/ student services. I document the adaptations I make if I provide direct client/ student services.	I document the adaptations I make if I provide direct client services. I document cultural assessments if I provide direct client services.	In the end of the survey one out of 21 respondents notified that these statements from the Cultural Competence Behavior Subscale were difficult to understand or unclear. “Students” words were removed from both statements from both pre- and post-surveys of the student CCA-tool, because they are unlikely to provide student services.
I find ways to adapt my services/ teaching to individual and group cultural preferences.	I find ways to adapt my services to individual and group cultural preferences.	We also noticed that there was a statement that referred to “teaching” in the context of client services. We

		removed this word from the statement.

In the middle of the survey all respondents answered “Yes” to the question “Were all the questions and statements so far understandable and clear?”. However, in the pre-test 62 % (n=13) and in the post-test 57 % (n=8) of the participants stated that they had used a translation tool to help them answer the questions. Based on these pilot results it was agreed that:

- The CCA-tool will be used in English
- The use of trusted, good quality translation tools can be encouraged. If you use AI translation, use only protected or licensed versions and only one question at a time.
- The only open-ended question will be supplemented with a phrase “feel free to answer in your native language.”

Finally, we checked the project Roadmap for the total evaluation of the pilot programs by student learning assessment and faculty & curriculum evaluation. The evaluation roles and responsibilities were clarified. Turku UAS team will analyse the development of cultural competence trough CCA-tool pre-and post-test surveys (both in BiH and Albania) and the effectiveness of the clinical simulations with the SET-M-tool (Leighton et al. 2015). Both data collections will be carried out as online surveys. It was discussed that the WB partner universities pilot program teachers would take the responsibility for knowledge tests, reflective journals and case studies which would affect the students’ course completion and course grade. Faculty self-assessment checklists were understood to refer to the six content topics and simulations to be implemented as planned. Focus groups and interviews can only be conducted by WB partner university faculty because of the language barriers.

Turku UAS team realised after receiving some of the pilot program materials in PowerPoint slide shows and Word documents that we could not use the Leacock & Nesbit (2007) LORI-tool for the evaluation of learning objects, that was planned in the project roadmap. Learning objects are online resources or interactive software used for learning. The application of the LORI-tool would require the use of learning platforms with online learning objects. Instead, we would use alternative methods based on the learning materials. It was agreed that all pilot program materials would be uploaded to Odisee Teams for evaluation.

Presentation of a simulation scenario – Senior Lecturer Saara Laaksonen, Turku University of Applied Sciences

Turku UAS team had already provided the partners with two simulation scenarios developed for the third and fifth semester nursing students. However, most of the WB participant universities were planning to pilot the program with first semester nursing students. For this reason, Lecturer Laaksonen presented a simulation scenario suitable for the first-year students. The topic of the simulation is the Care of a Nursing Home Resident from Roma/ Romani people group. Saara Laaksonen explained the whole process of the simulation starting with pre-briefing before the simulation: how students prepare for the clinical simulation by reading the assigned material and taking a quick online knowledge test. The clinical scenario outlines—including learning objectives, observers' tasks, and debriefing discussions—were presented for both simulation scenarios. At the end, students will be asked to provide feedback via a QR code that links to the SET-M tool.

LOCATION

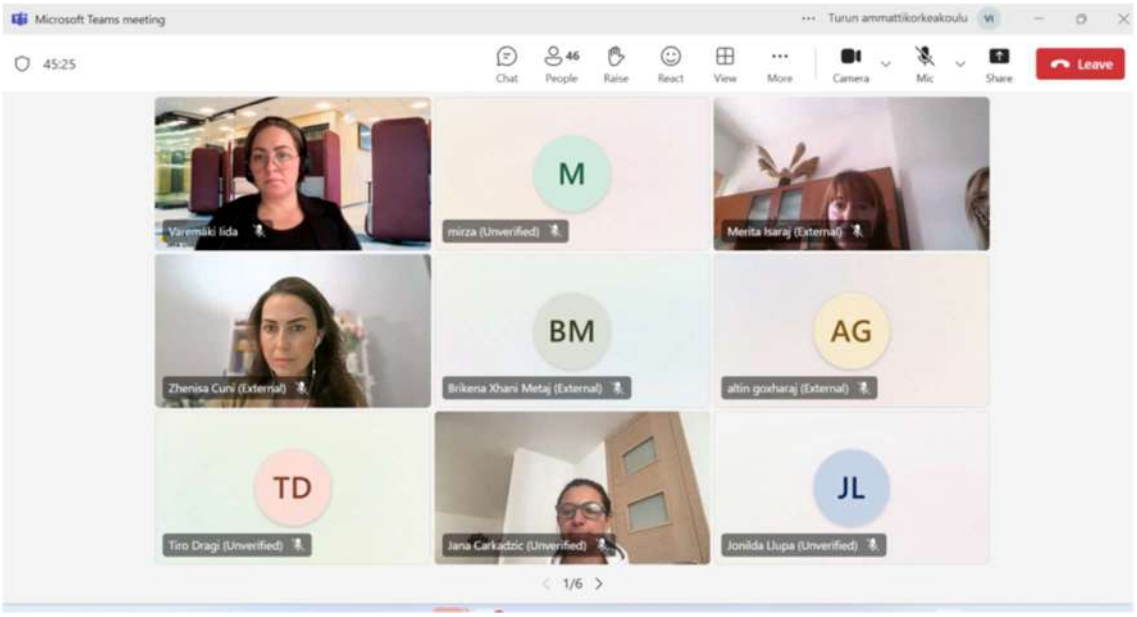
The workshop 6 was arranged online in Teams live meetings (three meetings with three links).

PARTICIPANTS

Between 20 and 60 people attended the workshop. The average number of attendees was 47 when the speakers (n=5) were included.

	at 11.05	at 11.08	at 11.15	at 11.32	at 11.58	at 12.07	at 12.29	at 13.01	average
All the attendees	43	45	59	55	38	53	54	28	47
Speakers n=5 excluded	38	40	54	50	33	48	49	23	42

The number of participants fluctuated significantly due to poor connections. The meeting link had to be changed three times. Each time this happened, some participants dropped out of the meeting. Workshop participants included TCCWB project partners, university representatives, and students from the Western Balkans, most of whom were from Albania. The list of attendees can be found in Appendix 6.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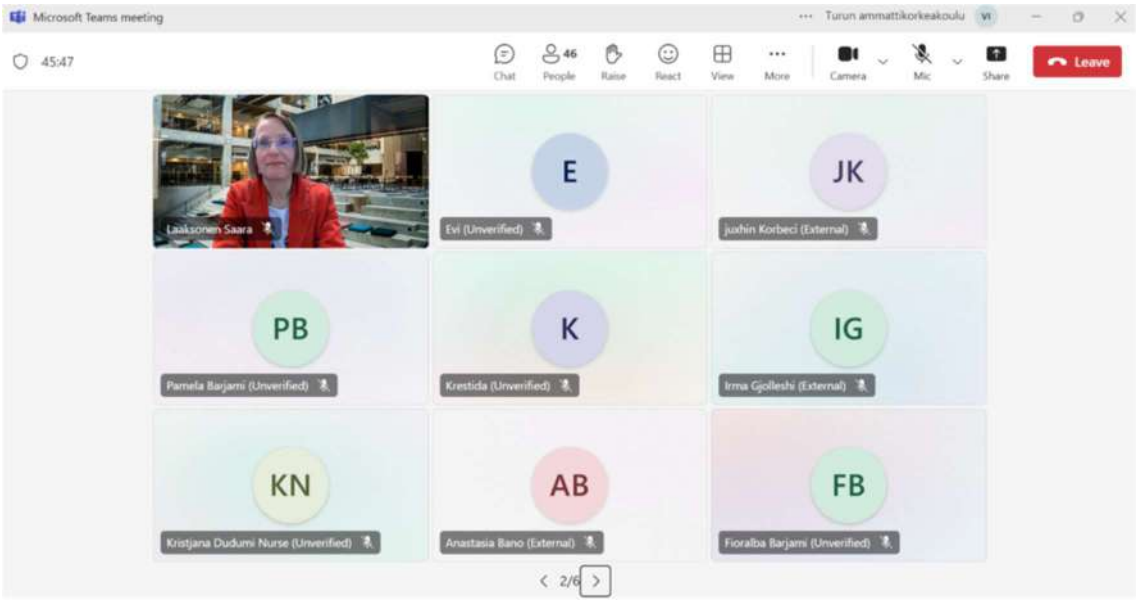
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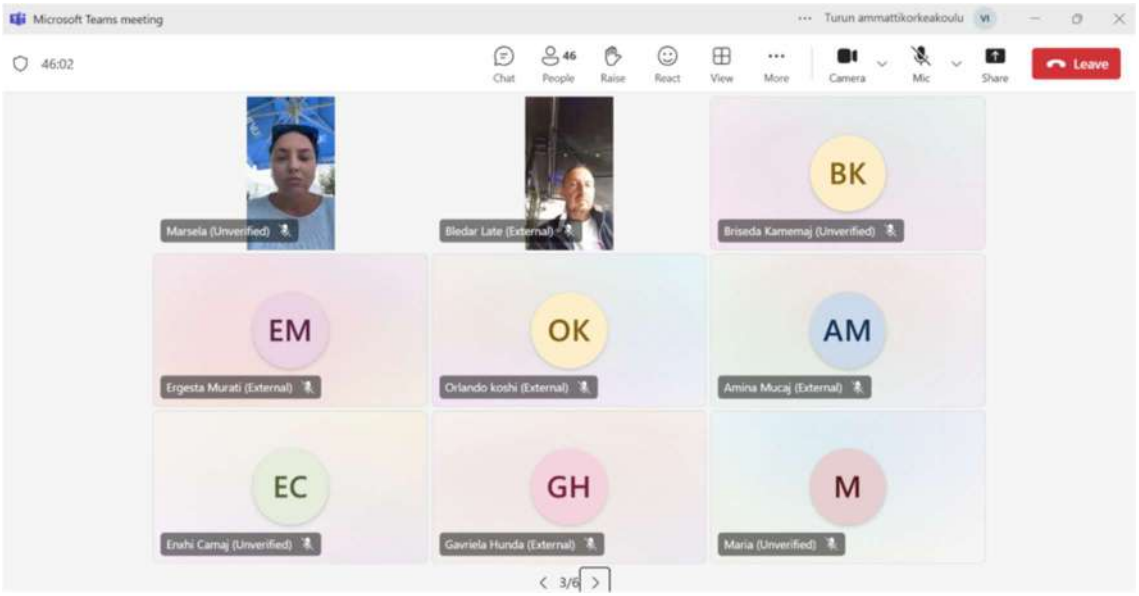
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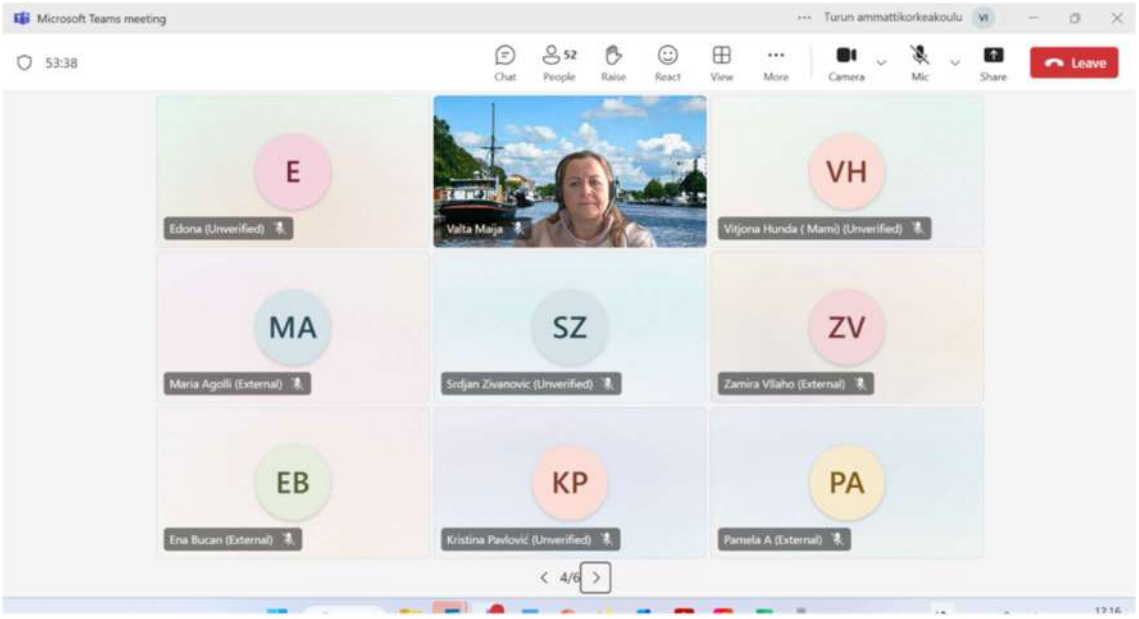
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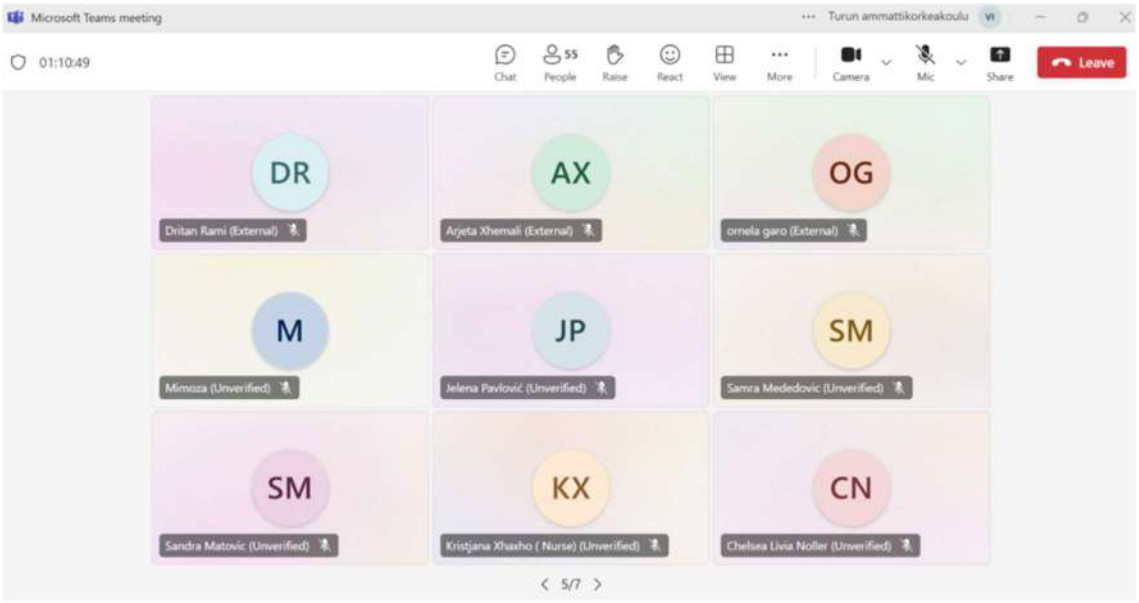
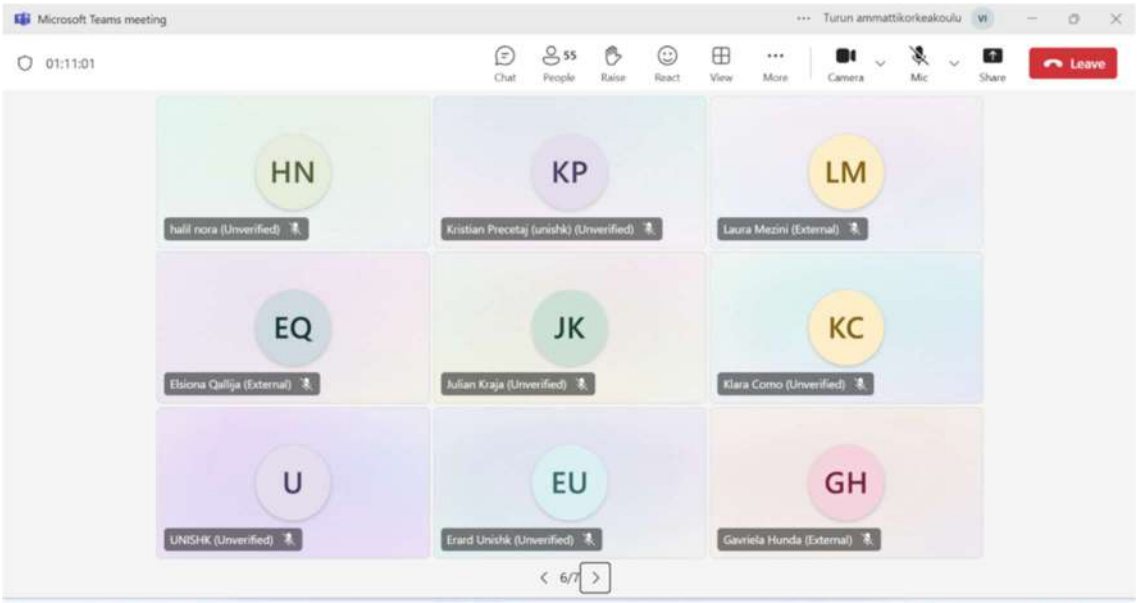




SATISFACTION WITH THE WORKSHOP 6

A total of 34 participants responded to the satisfaction survey after the workshop 6. Response rate by using the average number of attendees (n=47) was 72 %. Overall satisfaction was very high (Mean 9,4, Median 10, Standard deviation 1,0. (The value could vary from 0 “very dissatisfied” to 10 “very satisfied”). Most participants were very satisfied with all aspects of the workshop. The workshop met the expectations of almost all of the participants. Only 3 % of respondents would not recommend this workshop to a colleague and 3 % were unsure.

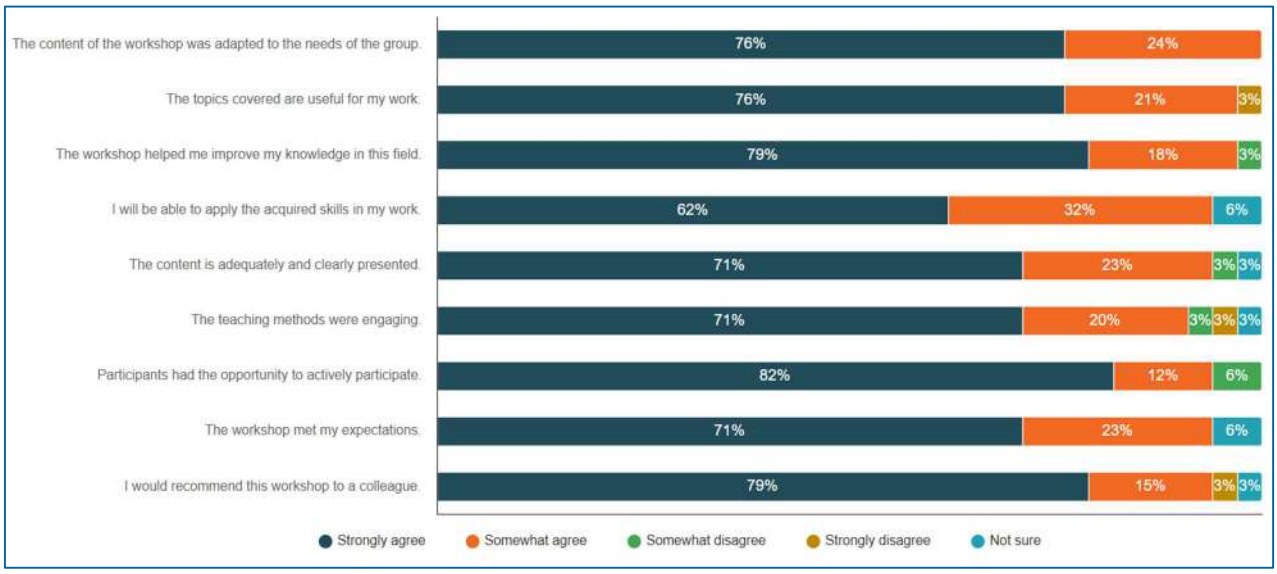


Figure 4. Satisfaction with the online workshop

Fourteen participants responded to the open question “Feel free to give us feedback about the workshop here”. The feedback provided reflects a positive overall sentiment towards the workshop. Participants consistently mentioned that the workshop was well organised and engaging with clear and helpful materials. It was effective in enhancing knowledge and skills, particularly in the relevant field. It was led by dedicated teachers whose efforts were appreciated. It is recommended to others. However, one participant noted a technical issue with the connection, which caused disruption and resulted in participants dropping off when links were changed.

IX. WORKSHOP 7 – IMPLEMENTATION STRATEGIES

The TCCWB workshop 7 was arranged in Mostar 16.-17.12.2025. The topic was implementation strategies. The workshop was organized by the University of Mostar.

Participants who had not previously answered the cultural competence survey answered the pretest at the beginning of the workshop. After the workshop, participants were asked to answer the cultural competence postsurvey and evaluate the workshop by responding to the satisfaction survey.

Co-funded by the Erasmus+ Programme of the European Union

WORKSHOP 7 - B&H Dissemination

AGENDA

15-17 December 2025
"Dzemal Bijedic" University of Mostar, Mostar, Bosnia and Herzegovina

Day 0: Monday, December 15, 2025

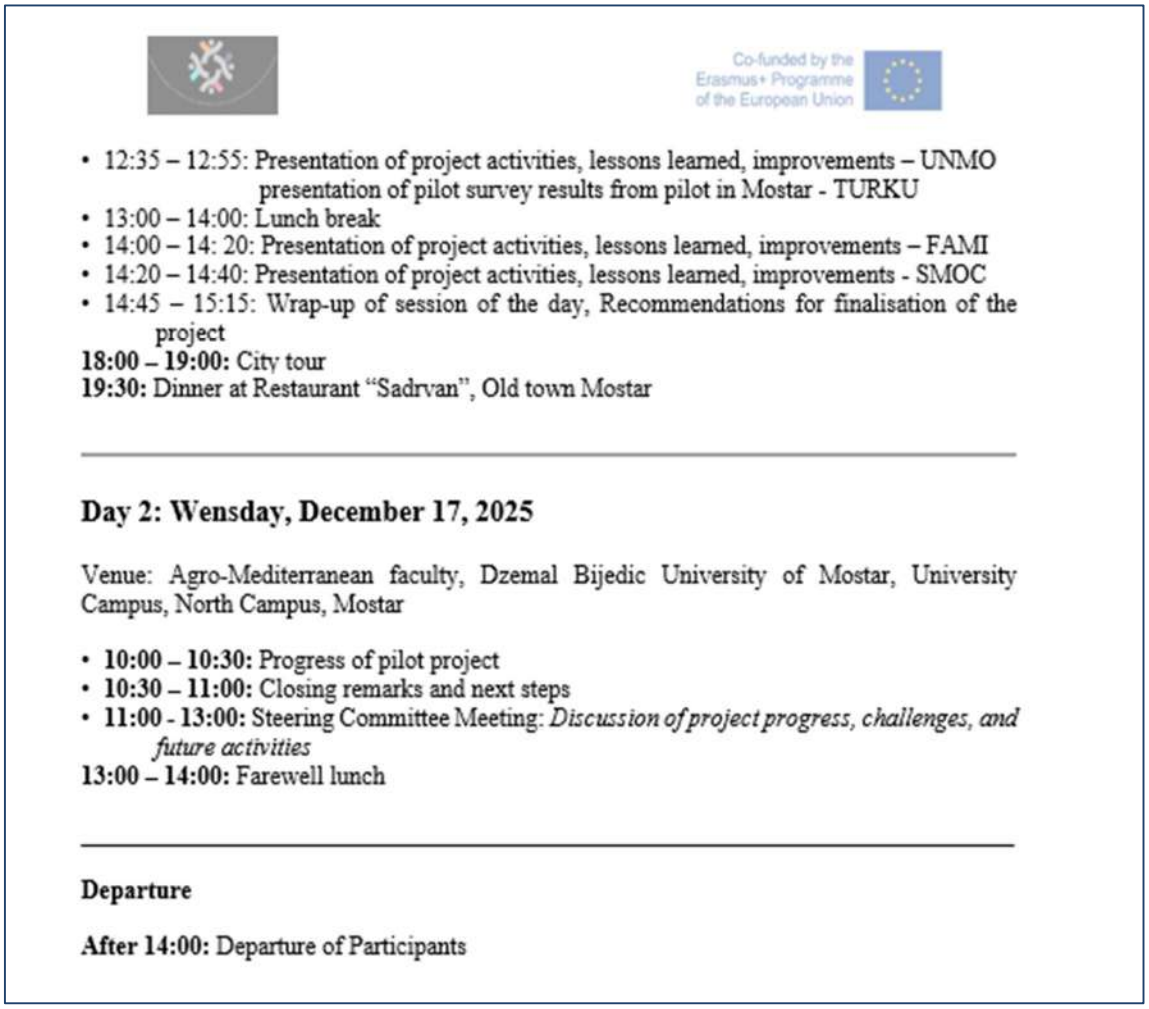
Welcome to Mostar!

- **All Day:** Arrival of participants.
  Airports: Mostar, Sarajevo, Split, Dubrovnik!

Day 1: Tuesday, December 16, 2025

Venue: Agro-Mediterranean faculty, Dzemal Bijedic University of Mostar, University Campus, North Campus, Mostar

- 09:30 - 10:00: Registration
- 10:00 - 10:10: Welcome and introduction TCCWB
- 10:10 – 10:20: Welcome from University Rector, prof. Alena Huseinbegovic
- 10:20 – 10:30: Federal/Cantonal Ministry of health
- 10:30 – 10:40: Director of Cantonal hospital "Dr. Safet Mujic" Mostar, dr Lamija Duranovic
- 10:40 – 10:50: Director of Primary Health Centre, dr Senad Mededovic
- 10:50 – 11:00: Leader of health study UNMO, prof. Semina Hadziabulic
- 11:00 – 11:15: Coffee break
- 11:15 - 11:35: Presentation of project activities, lessons learned, improvements – UNIGJIRO
- 11:35 – 11:55: Presentation of project activities, lessons learned, improvements – UNSHK
- 11:55 – 12:15: Presentation of project activities, lessons learned, improvements – UNZE
- 12:15 - 12:35: Presentation of project activities, lessons learned, improvements – UES



Co-funded by the Erasmus+ Programme of the European Union

- 12:35 – 12:55: Presentation of project activities, lessons learned, improvements – UNMO presentation of pilot survey results from pilot in Mostar - TURKU
- 13:00 – 14:00: Lunch break
- 14:00 – 14: 20: Presentation of project activities, lessons learned, improvements – FAMI
- 14:20 – 14:40: Presentation of project activities, lessons learned, improvements - SMOC
- 14:45 – 15:15: Wrap-up of session of the day, Recommendations for finalisation of the project

18:00 – 19:00: City tour
19:30: Dinner at Restaurant "Sadrvan", Old town Mostar

Day 2: Wensday, December 17, 2025

Venue: Agro-Mediterranean faculty, Dzemal Bijedic University of Mostar, University Campus, North Campus, Mostar

- **10:00 – 10:30:** Progress of pilot project
- **10:30 – 11:00:** Closing remarks and next steps
- **11:00 - 13:00:** Steering Committee Meeting: *Discussion of project progress, challenges, and future activities*

13:00 – 14:00: Farewell lunch

Departure

After 14:00: Departure of Participants

CONTENT OF WORKSHOP 7

In the beginning of workshop 7, head of ministry of health, rector of the University of Mostar and professors took the floor. These speeches were in Bosnian, but the English translations were sent during the workshop and afterwards via email. AI generated translation programs were used to support the translation into English. The speeches are reported below.

Speech by Full professor Samra Međedović, University of Mostar

Professor Međedović welcomed representatives from university leadership, health ministries, healthcare institutions, academic partners, students, and guests to the dissemination conference of the project Supporting development of TransCultural Competence for healthcare professionals in the Western Balkans aka TCCWB.

Professor Međedović emphasized that the project was created in response to regional and European challenges related to migration, cultural diversity, demographic shifts, and

increasingly complex interactions between healthcare workers and patients. The initiative aimed to strengthen transcultural competence as a fundamental part of healthcare education and lifelong learning.

It was noted that the project developed innovative educational materials, pilot activities, and cooperation models between universities and healthcare institutions, with a focus on their long-term sustainability and integration into formal study programs. Beyond curriculum development, the project also sought to promote ethical awareness, professional responsibility, and inclusive care for all patient groups.

The University of Mostar, "Džemal Bijedić" University, was described as an active and committed partner that had strengthened its international cooperation, deepened its collaboration with practice settings, and created a new Nursing study program integrating competencies developed within the project.

According to professor Međedović, the purpose of the conference was to present project results, share examples of good practice, and initiate dialogue on embedding transcultural competencies across healthcare education in the region. The speaker expressed gratitude to project partners, academic staff, students, and supporting institutions for their contributions.

The agenda included introductory speeches by key institutional representatives, followed by partner presentations outlining implemented activities, lessons learned, and proposals for further improvements.

The address concluded with the hope that the conference would provide space for constructive dialogue, inspire new ideas, and encourage continued cooperation beyond the formal end of the project.

Speech by Vice Rector of the University of Mostar, dr. Amela Piralic on behalf of Rector Alena Huseinbegović

First dr. Piralic emphasized that the project had demonstrated how well-structured international cooperation could generate concrete, sustainable impact in higher education and healthcare practice. It was noted that the project had addressed key societal challenges in the Western Balkans by strengthening the capacity of healthcare systems to respond to culturally diverse and vulnerable populations.

Dr. Piralic mentioned how the project had contributed to the modernization of nursing education through the development of competence-based transcultural nursing curricula, the introduction of digital and blended learning models, and the systematic training of nursing educators. The emphasis on active citizenship, ethical responsibility, and respect for human dignity was also highlighted.

On behalf of the Rector, dr. Piralic, appreciation was extended to all partner universities and organizations from Bosnia and Herzegovina, Albania, Finland, Belgium, and civil society. Their expertise and cooperation were described as essential to achieving the project's goals.

Special thanks were given to academic and administrative staff, researchers, trainers, and students who participated in research, capacity building workshops, pilot activities, and dissemination. Their involvement had ensured that project outcomes were both academically robust and practically applicable in real healthcare settings.

In conclusion, the university reaffirmed its commitment to further international collaboration, educational innovation, and socially responsible academic work. It was emphasized that the TCCWB project represented a foundation for future initiatives promoting excellence, inclusion, and solidarity in healthcare and higher education.

Speech by dr. emeritus, Ermin Hadzic on behalf of dr. Lamija Duranovic representing the cantonal hospital Dr. Safet Mujić Hospital

Dr. emeritus Ermin Hadzic stated that it had been an honor to address the academic gathering on behalf of Professor Samra Međedović and to congratulate the long-standing university. The collaboration between the University "Džemal Bijedić" of Mostar and the Dr. Safet Mujić Cantonal Hospital was described as having begun nearly a decade earlier, formally starting in the 2016/17 academic year. Since then, the hospital had served as an official partner in the practical training and mentorship of students in the Healthcare study program.

Dr. Hadzic emphasized that the hospital's role had been to fully prepare students for professional work in the healthcare sector in alignment with European standards and Directive 2013/55/EU. Dr. Hadzic noted that many generations of students had successfully acquired the required competencies and had secured employment both in Bosnia and Herzegovina and abroad.

Dr. Hadzic mentioned in his speech that the education and practical training of students had been supported by highly qualified medical staff at the Cantonal Hospital, who had continuously aligned their teaching with modern medical trends. It was also highlighted that twelve nurses from the hospital had participated in the "Transcultural Healthcare Competencies in the Western Balkans" project with excellent results.

Due to the constant need for healthcare professionals and the shortage of physicians, Dr. Hadzic expressed a strong wish for the establishment of a Medical Faculty at the University "Džemal Bijedić." While acknowledging the financial and administrative challenges involved, Dr. Hadzic emphasized confidence that such a development would be possible in the future.

Speech by dr. Senad Mededovic, Director of Primary Health Centre

Dr. Mededovic stated that the gathering aimed to provide a platform for interdisciplinary scientific discussion on an important and multifaceted contemporary issue. The speaker emphasized that such events had always offered an opportunity to exchange ideas and jointly address current challenges.

The Cantonal Hospital maintained longstanding cooperation with the University "Džemal Bijedić," which, according to the speaker, continued to strengthen. The hospital had been committed to contributing to academic collaboration by supporting both theoretical and practical training in various study programs, including Nursing.

Dr. Mededovic noted that the institution consistently supported projects of this type, reflected in the participation of numerous nurses and technicians in the training on transcultural competence. He underscored that the hospital's primary responsibility had been to provide the best possible care and treatment to patients while upholding the integrity and professionalism of healthcare workers. Conferences such as this were organized to facilitate knowledge exchange and to support the education of young professionals.

He highlighted that migration had become a significant global issue, with rising population movements from the Middle East and other regions. In this context, transcultural competence had gained increasing importance in nursing, as multicultural populations posed new challenges for individualized and holistic patient care.

Transcultural nursing aimed to plan, implement, and evaluate healthcare according to a patient's cultural background, value system, communication style, socioeconomic status, cultural aspects of illness, and biocultural differences. The speaker emphasized that communication barriers could lead to feelings of alienation and helplessness for both nurses and patients and could slow physical recovery. Therefore, nurses need to combine professional caregiving skills with cultural sensitivity.

Dr. Mededovic concluded by expressing hope that the conference would foster cooperation, innovation, and productive discussions, contributing to a deeper understanding of this highly relevant topic.

Speech by dr. Semina Hadziabulic, leader of health study, University of Mostar

Dr. Hadziabulic noted that the previous presentation had highlighted the importance of a country's healthcare system. He explained that he came from the academic sector, where the primary responsibility had been the education of future nurses and physiotherapists. Improving the educational process had remained a central goal, and in recent years, the institution had introduced innovative teaching plans aligned with developments in the healthcare field. Curriculum development had been guided by the European nursing directive, and specialized equipment acquired through the project had further strengthened the teaching process.

Dr. Hadziabulic emphasized that the university had maintained strong cooperation with the Public Health Institution Health Center and the Cantonal Hospital Dr. S.M., where students had carried out practical training across all clinical areas. It was noted that the labor market had a high demand for healthcare professionals, while many qualified workers from the country had moved to EU member states, with younger professionals filling their positions.

Dr. Hadziabulic acknowledged that artificial intelligence and robotics would increasingly be applied in healthcare, particularly in diagnostics. However, Dr. Hadziabulic stressed that medical

personnel, especially nursing staff, would remain irreplaceable, as compassionate communication and highquality care were essential components of patient treatment. Dr. Semina Hadziabulic also regularly reminded students that their profession had been uniquely responsible, often involving decisions that affected patients' lives, and that mistakes could have serious consequences.

Supporting Development of Transcultural Competence for Healthcare Professionals in the Western Balkans (TCCWB) - Dr. Zhenisa Cuni, University of Gjirokastër, Albania

Dr. Zhenisa Cuni presented the TCCWB project importance to Albania. According to dr. Cuni, the project aims to enrich nursing competencies with transcultural competencies. This is needed in Albania due to the presence of immigrants and refugees, the increase in tourism and the multicultural population, as well as the need to strengthen nursing competencies. Dr. Cuni's presentation underscored the importance of integrating transcultural competence into healthcare education to better serve a diverse population.

Dr. Cuni told us that the team from the University of Gjirokastër took part in piloting the pre- and post-surveys. They developed two simulation scenarios using equipment purchased with TCCWB project funds. The simulations take place in an emergency department. The first scenario involves five patients, each presenting various levels of urgency and distinct care needs. The patients are from diverse backgrounds, and they lacked a language that was commonly understood by both them and the nursing staff. This requires students to assess situations quickly, prioritize care, and adapt their actions accordingly. The second simulation focuses on two Italian tourists involved in a car accident. Students must communicate in Italian and adapt their care to the specific requirements of the patients. One of the individuals is a Jehovah's Witness, prompting students to consider and integrate the patient's religious beliefs into their clinical decision-making.

Dr. Cuni told they have hold info days during the project for lecturers, researchers, nurses of the Primary Health Care and Regional Hospital of Gjirokastër and Local institution of Health Care. They also arranged an online workshop on "Micro credentials for post registration nurses in WB" for all partners of TCCWB, Albanian lecturers/ researchers, nurses of the Primary Health Care and Regional Hospital of Gjirokastër and Local institution of Health Care. Lessons learned revealed that, despite existing experience, formal training in transcultural competence is needed and currently missing from nursing curricula. The pilot program will be implemented in 2025–2026 for nurses and nursing students, covering six key topics (general competence, work with patients from different cultures, cultural aspects of health, interprofessional work, ethics, and communication) through presentations, case studies, and simulations.

Creating module to include topics on diversity and cultural competences and Simulation Scenario 1 Cultural Competence in Emergency Care Afghan Immigrant Couple – UNISHK Pilot Program - Mr. Erard Çurçija, Head of the International Relation Office, University of Shkodra, Albania

Mr. Erard Çurçija's presentations outlined the development and implementation of a new module on diversity and cultural competence within the Fundamentals of Nursing course at the University of Shkodra. The process progressed through several structured phases, starting with departmental consultations and proceeding to official approval by the Dean, the Curriculum Office and the Academic Senate. Key literature was selected from Fundamentals of Nursing (2020–2021), and six thematic areas were defined, including communication processes, culturally sensitive care, health disparities and foundational concepts related to cultural values, beliefs and patient rights. Following approval, teaching materials were translated and adapted, and instructors received training to ensure consistent delivery. The module is scheduled for an introduction at the beginning of the second semester.

Mr. Çurçija's second presentation focused on Simulation Scenario 1, designed to enhance students' practical cultural competence in emergency care settings. The scenario portrays an Afghan immigrant couple with acute healthcare needs, emphasizing challenges such as a language barrier, unfamiliarity with the healthcare system and culturally specific expectations related to gender, modesty and communication. Learning objectives guid students to demonstrate cultural awareness, conduct respectful assessments, utilize interpreters effectively and challenge stereotypes. The simulation incorporates defined patient profiles, structured roles for students and faculty, and specialized equipment to support realistic practice. The scenario includes a pre-briefing, in-simulation events and an extensive debriefing that encourage emotional reflection, identification of cultural issues and consideration of improvements for real clinical contexts. The simulation training highlights the importance of empathy, patient-centred communication and respect for cultural norms as essential components of safe and effective nursing care.

What have we done! & Why have we done it! - Dr. Mirza Oruč, University of Zenica, Bosnia and Herzegovina

The presentation by Dr. Mirza Oruč from the University of Zenica outlined the ongoing work of the project. Transcultural nursing competencies are not yet systematically integrated into all curricula in Bosnia and Herzegovina. The project supports the development of educational materials, staff training and pilot programs that align local nursing education with European standards and strengthen nurses' abilities to provide culturally responsive care.

Dr. Mirza Oruč presented the structure and implementation of their pilot program, which includes thematic modules on general knowledge on transcultural competence, patient interaction, cultural aspects of health, interprofessional work, ethical considerations and communication. Teaching methods include lectures, simulations, case studies, and roleplaying supported by independent research. The first cycle targeted undergraduate nursing students over four weeks, while the second cycle focused on evidence-based nursing for nurses over

three weeks. A pre-pilot phase was conducted during the summer school in June 2025 with participation from several European institutions.

TCCWB Pilot Project - Prof. Natalija Hvukovic, University of East Sarajevo, Bosnia and Herzegovina

Professor Hvukovic presents their two pilot training sessions. These were held in June and October 2025. Each training session consisted of three thematic units, delivered through lectures and interactive workshops. Participants included third- and fourth-year nursing students as well as clinical associates from the University Hospital Foča. The lecturers were professors from the Department of Nursing and the Dean. To measure learning outcomes, participants completed entry and exit tests assessing their knowledge before and after the training.

The first training focused on general knowledge and introduction to multicultural competences, ethical considerations in transcultural nursing and working with patients from diverse cultural backgrounds. Workshops included case discussions, examples of effective and ineffective communication and activities addressing altruism and religiosity in care. The second training covered main cultural aspects of health, interprofessional work in nursing and effective communication. The second training session also incorporated a simulation scenario to enhance interprofessional collaboration skills.

Looking forward, the faculty plans to repeat the pilot with first- and second year students in March due to missing common evaluation links of the TCCWB project during the first round, integrate simulation scenarios into all workshops, and include a new elective course, Multicultural Health Care, during the 2026 accreditation of the study program.

Presentation on the University Džemal Bijedić of Mostar in Bosnia and Herzegovina, TCCWB project milestones and pilot program implementation - Professor Dragi Tiro

Professor Dragi Tiro presented the mission and vision of the University of Mostar, noting that approximately 4,000 students are currently enrolled across eight faculties. He explained that health care study programmes, such as nursing and physiotherapy, comprise 240 ECTS credits delivered over eight semesters and four academic years.

Professor Tiro then introduced the TCCWB project group in Mostar and presented the lessons learned from the workshops, as well as the dissemination activities carried out by the group. He explained that the pilot programme competencies were integrated into a compulsory course entitled Principles of Health Care, which is taught in the fourth semester of the study programme. The revised study programme, in which students acquire transcultural competencies, will be implemented in the academic year 2025–2026.

After listing the teaching equipment purchased for the project, Professor Tiro presented the pilot training programme for students and nurses, which was held on 12–13 November 2025.

The training was delivered by Prof. Dr. Mirza Oruč. The pilot programme focused on developing knowledge and skills that enable healthcare professionals to better understand, respect, and respond to the needs of patients from diverse cultural backgrounds. Key areas included fostering empathy, active listening, flexibility, and adaptability.

Professor Tiro then handed the floor over to Senior Lecturer Saara Laaksonen.

TCCWB pilot program survey results from the University of Mostar - Saara Laaksonen, Senior Lecturer in Nursing Turku UAS

Senior Lecturer Saara Laaksonen presented the preliminary statistical analysis of the CCA tool results measured before and after the pilot programme in Mostar. The results of the Cultural Awareness and Sensitivity subscale showed only minor changes in mean values between the pre- and post-surveys. Laaksonen noted that more pronounced changes might be observed with a longer period of intensive training.

She emphasised that the results were informative and generally positive but avoided item-level analysis or discussion of “correct” or “preferred” responses, as the seminar post-survey using the CCA tool had not yet been launched. The results of the second subscale, measuring Cultural Competence Behaviours, were also presented at an overall level and were considered very good, indicating positive behavioural changes in all but two items. Individual items were not analysed in detail.

Subsequent slides presented student feedback from the simulation experience collected using the SET-M tool. Most students (94%) agreed either strongly or to some extent that the pre-briefing enhanced their confidence and supported their learning. Feedback on the simulation scenario indicated that students were able to develop and gain confidence in a broad range of skills. Most students also agreed that the debriefing contributed significantly to their learning and provided a constructive evaluation of the simulation experience.

Overall satisfaction with the pilot programme was very high. Among the participating students (N = 28), the average satisfaction score was 8.6 on a scale of 0–10, where 0 indicated very dissatisfied and 10 very satisfied. The median score was 10, and the standard deviation was 2. Analysis of the 17 open-ended responses revealed strong positive feedback, with multiple students describing the programme as “Excellent” (n = 5), “Satisfied” (n = 2), and “Very good” (n = 1). Students highlighted the high quality and good organisation of the programme. Several responses emphasised that the programme increased understanding of different cultures and strengthened awareness of how cultural factors influence healthcare and patient communication. In addition, opportunities to exchange experiences with international peers were especially valued.

Presentation of project activities, lessons learned, improvements - Ena Bucan, Director in Fondacija fami

Director Ena Bucan presented the practical goals and overall purpose of the TCCWB project and briefly introduced its seven work packages. She then outlined the content topics and general criteria of the pilot programmes.

Furthermore, she explained the approval process required for the pilot programmes at each participating university, noting that approval must be obtained from the faculty council, curriculum committee, the university dean, and/or the authorities responsible for educational administration. Ena also described the process of developing the simulation scenarios and highlighted the key aspects that need to be considered during this process.

Finally, lists of participants must be reported, and certificates of completion need to be submitted. She concluded her presentation with the statement: “Together, we can turn transcultural competence into everyday practice for better care. “

From Cultural Awareness to Transcultural Care: Lessons Learned from the Western Balkans Context (SMOC Perspective) - Azra Sorguc representing Sarajevo Meeting of Cultures

Ms. Azra Sorguc began by explaining why cultural awareness is particularly important in the Western Balkans in the context of collective trauma caused by war and increased migration, which have contributed to mistrust within society. She emphasised that cultural competence is a core professional competence and an ongoing process rather than a checklist of skills.

She described a positive developmental cycle in which increased cultural awareness leads to greater cultural sensitivity, which in turn supports the development of competent professional skills and ultimately creates cultural safety. Ms. Sorguc then highlighted students’ experiences, noting that while many students demonstrate strong motivation, they often have low self-confidence. She explained that cultural biases may be unconscious and that students frequently perceive communication as more challenging than clinical skills.

The challenges faced by students include fear of offending others, cultural disagreements, language barriers, and complex situations in which the wishes of patients and family members may conflict. Through simulation-based learning, students are given the opportunity to practise interaction skills and to confront their own emotions and biases in a safe learning environment.

Ms. Sorguc emphasised the importance of emotional literacy in healthcare education and recommended the use of realistic, regionally relevant case studies, guided reflection, and improved evaluation tools. She concluded by stressing the need to support the development of self-awareness, noting that transcultural care begins with understanding oneself.

LOCATION

The Workshop 7 of the TCCWB project was held in Mostar, Bosnia and Herzegovina, University of Mostar "Dzemal Bijedic University of Mostar", in the Agricultural Faculty's in a seminar classroom.

PARTICIPANTS

Workshop 7 was held on Tuesday December 16, and the number of participants was 81 counted from the attendance lists (Appendix 6). There were representatives from the University leadership, the federal and cantonal ministries of health, national foundation for improving health care and social welfare FAMI, the primary health care and the cantonal hospital. See picture below.

In addition to the project partners there were students from the faculties of Health Studies from the University Džemal Bijedić of Mostar and the University of Sveučilišta u Mostaru (SUM) who attended with their teachers. See picture of the attendants below.

The number of attendants was 22 next day on the 17th when the Steering Committee took place.

SATISFACTION WITH THE WORKSHOP 7

The number of participants who responded to the satisfaction survey after the workshop 7 was 19. From the 81 attendees the response rate ended up being quite low at 23 %. One reason is that most of the students left during a break before the last presentations. The 19 respondents evaluated their satisfaction with the workshop being on the average 8,1 (when the minimum is 0 and maximum value is 10). The median value was 9,0 and standard deviation was 2,9. Most attendants agreed that the workshop helped in improving knowledge and met their expectations. However, over 20 % thought that the content was not adequately or clearly presented and that the teaching methods were not engaging.

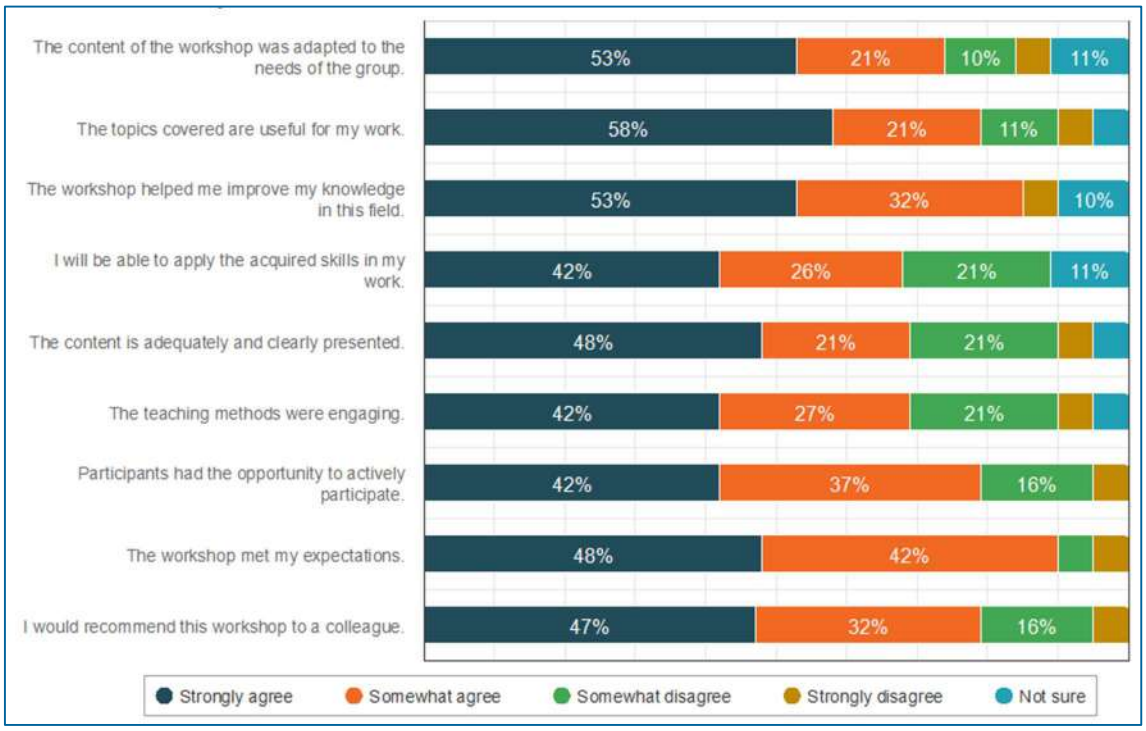


Figure 5. Satisfaction with the workshop in Mostar

Six respondents answered the open-ended question and four of them commented that the workshop had been very good and the rest that the workshop was either nice or good.

X. DEVELOPMENT OF TRAINERS' CULTURAL COMPETENCE

EVALUATION PROCESS OF THE TRAINERS' CULTURAL COMPETENCE

The evaluation of cultural competence began in December 2024 in Brussels with both pre- and post-surveys. Additional pre-test data were collected twice in the year 2025: during an online workshop in February and during the workshop held in Sarajevo in March. The final round of pre- and post-surveys was conducted in Mostar in December 2025.

In total, we received 64 pre-survey responses and 25 post-survey responses. A total of 23 participants completed both the pre- and post-surveys, and 7 participants completed measurements at three time points.

For both the Cultural Awareness and Sensitivity (CAS) scale and the Cultural Competence Behaviors (CCB) scale, a 7-point Likert scale was used.

In the CAS scale, 1 = Strongly disagree and 7 = Strongly agree, with an additional No Opinion option that was excluded from the item-level analysis. The CAS scale consists of 11 items, of which four are reverse-coded.

In the CCB scale, 1 = Never and 7 = Always, with a Not Sure option that was also excluded from item-level analysis. The CCB includes 14 items with no reverse-coded items.

DEVELOPMENT OF TRAINERS' CULTURAL COMPETENCE AFTER WORKSHOP 3 IN BRUSSELS

The data were analysed using IBM SPSS Statistics, versions 29 and 30. As the number of respondents was below 20 and the distribution of the post-test scores was non-normal, the Wilcoxon Signed Rank Test was selected as the appropriate statistical method. For the Cultural Awareness and Sensitivity (CAS) scale, N = 11 paired pre- and post-survey responses from the Brussels workshop were included in the analysis (see Figure 6).

Overall, the results indicate a positive trend in cultural competence development. Improvements were observed in 6 out of the 11 CAS items. For one item— "I *believe that everyone should be treated with respect no matter what their cultural heritage*"—the mean score remained unchanged between the pre- and post-survey. Notably, this item had the highest mean score (6,9) in both measurements.

Two reverse-coded items showed a slight increase in unfavourable responses:

"*People with common cultural background think and act alike*" (pre-survey mean = 4.4; post-survey mean = 4.8)

"*Language barriers are the only difficulties for recent immigrants to Europe*" (pre-survey mean = 1.5; post-survey mean = 2.1)

For these items, lower scores indicate stronger cultural awareness and sensitivity, due to reverse coding. The small increases suggest a marginal shift in the opposite direction, although the differences were minor.

No statistically significant differences were identified in the CAS scale. This outcome is likely influenced by the small sample size, which reduces statistical power. Additionally, the duration of the workshop may play a role. A three-day workshop is relatively short for producing measurable changes in cultural competence attitudes. Previous research indicates that attitudinal change in the domain of cultural competence requires time and using a variety of didactic methods and activities (Urgun et al., 2025).

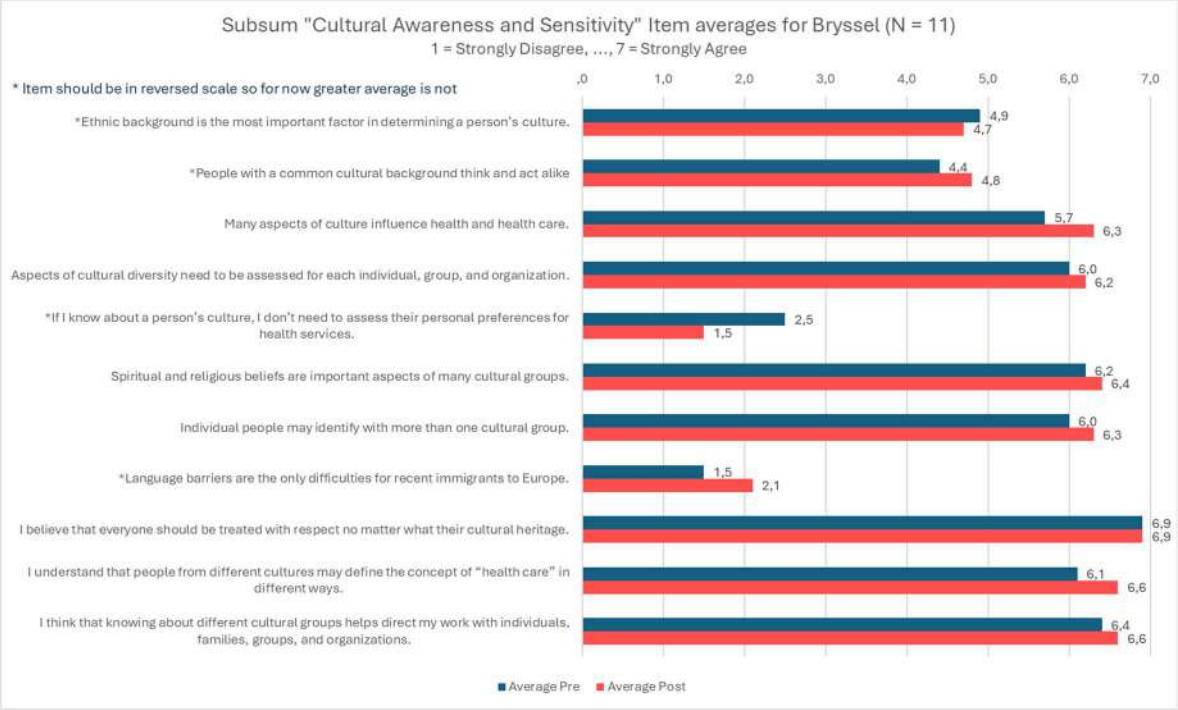


Figure 6. Subsum "Cultural Awareness and Sensitivity" (CAS) pre- and post-survey item analysis after the workshop in Brussels.

In the Cultural Competence Behavior (CCB) subscale, the mean scores for all items were higher in the post-survey compared to the pre-survey responses. Statistically significant differences ($p < 0,05$) were found in two items related to documentation practices:

"*I document assessments if I provide direct client/student services*" ($p = 0,030$)

"*I document the adaptations I make if I provide direct client/student services*" ($p = 0,027$)

The highest mean score was observed for the item "*I welcome feedback from clients/students about how I relate to people from different cultures*", with an average of 6.5 in the pre-survey and 6.6 in the post-survey.

The lowest mean score was recorded for the item "*I have resource books and other materials available to help me learn about people from different cultures*", which increased from 3,7 in the pre-survey to 4,5 in the post-survey (see Figure 7).

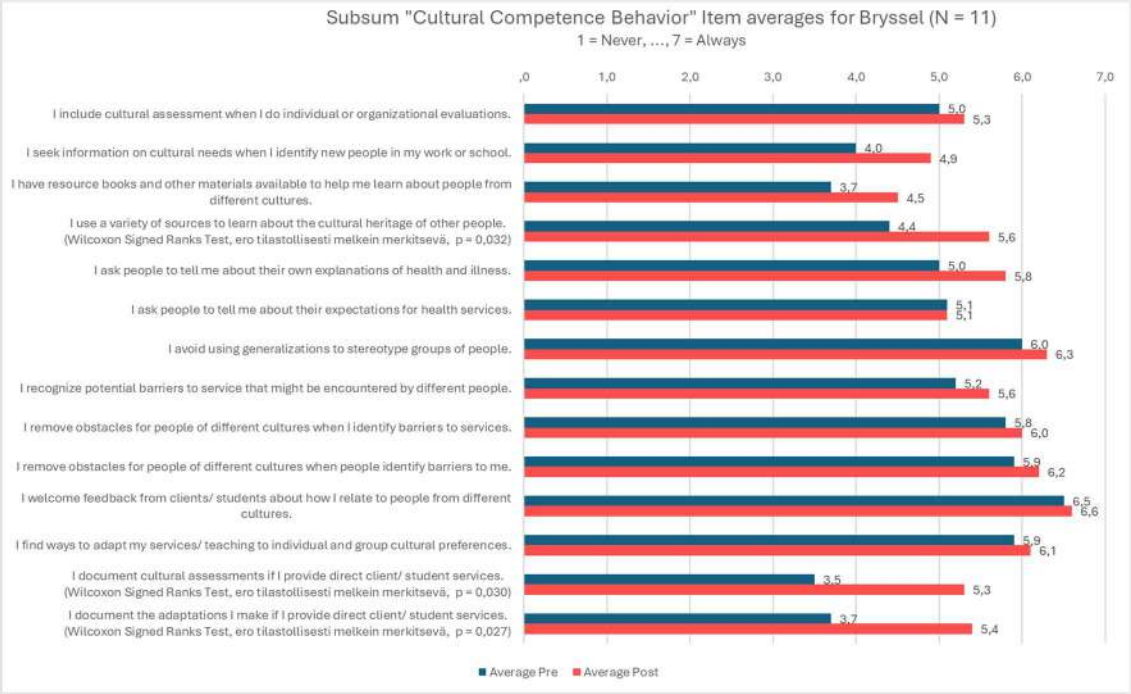


Figure 7. Subsum "Cultural Competence Behavior" (CCB) pre- and post-survey item analysis after the workshop in Brussels.

Participants reported relatively high levels of competence in working with people from diverse cultural backgrounds even before Workshop 3. They also perceived themselves as very competent in teaching cultural competence prior to the workshop. Nevertheless, both self-assessed competence areas showed slight improvement following the workshop.

In addition, both cultural awareness and cultural competence behaviour scores increased after the workshop. Notably, the improvement in cultural competence behaviour was statistically significant (p = 0,029) (see Table 2).

Table 2. Development of cultural competence after workshop 3 in Brussels.

	Mean	Median	Std. Deviation	Min	Max
How competent feels working with different culture people					
Pre	4.09	4	0.70	3	5
Post	4.36	4	0.51	4	5
How competent feels to teach cultural competence					
Pre	3.55	3	0.93	2	3
Post	3.91	4	0.70	5	5
Cultural Awareness and Sensitivity CAS					
Pre	5.64	5.73	0.37	5	6.27
Post	5.83	5.91	0.55	5	6.82
Cultural Competence Behavior CCB					
Pre	4.97	4.92	0.86	3.43	5.90
Post	5.61	5.64	0.70	4.25	6.57 *

*Related Samples Wilcoxon Sign Rank Test (p = 0,029)

RESULTS OF THE ADDITIONAL PRE-SURVEYS

Due to the high turnover of participants across the workshops, new participants were invited to complete the pre-surveys at two additional measurement points in 2025. This approach was used to increase the paired pre–post survey sample size. The average scores for the CAS and CCB subscales are presented in Figures 8 and 9.

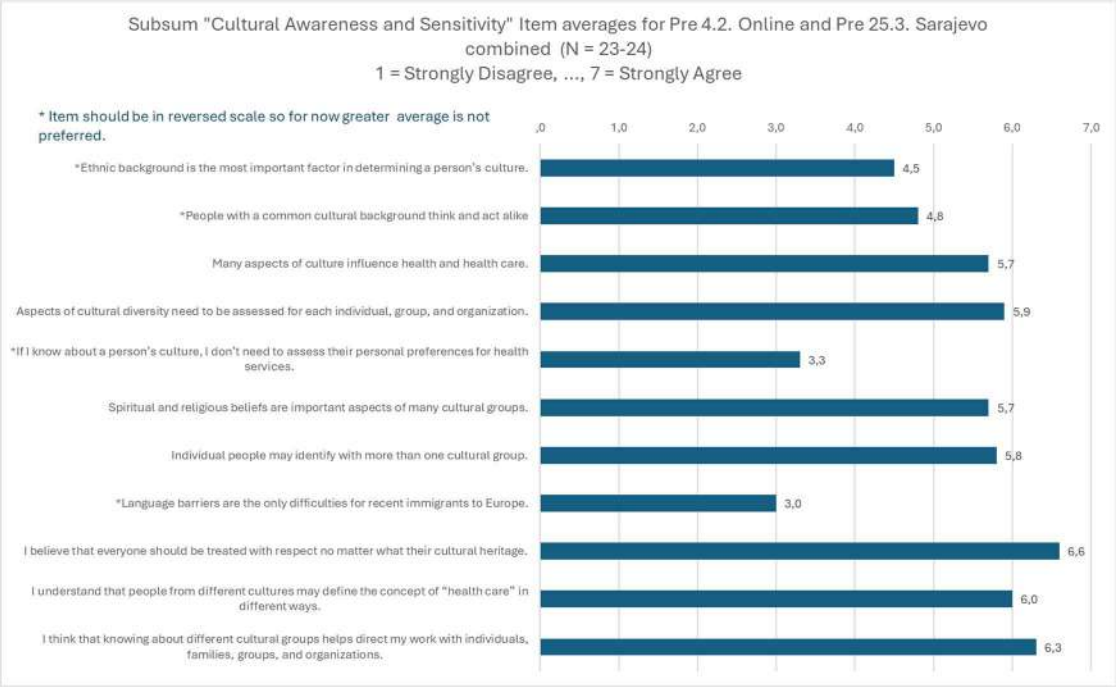


Figure 8. Subsum Cultrual Awareness and Sensitivity (CAS) pre-surveys conducted online and in Sarajevo.

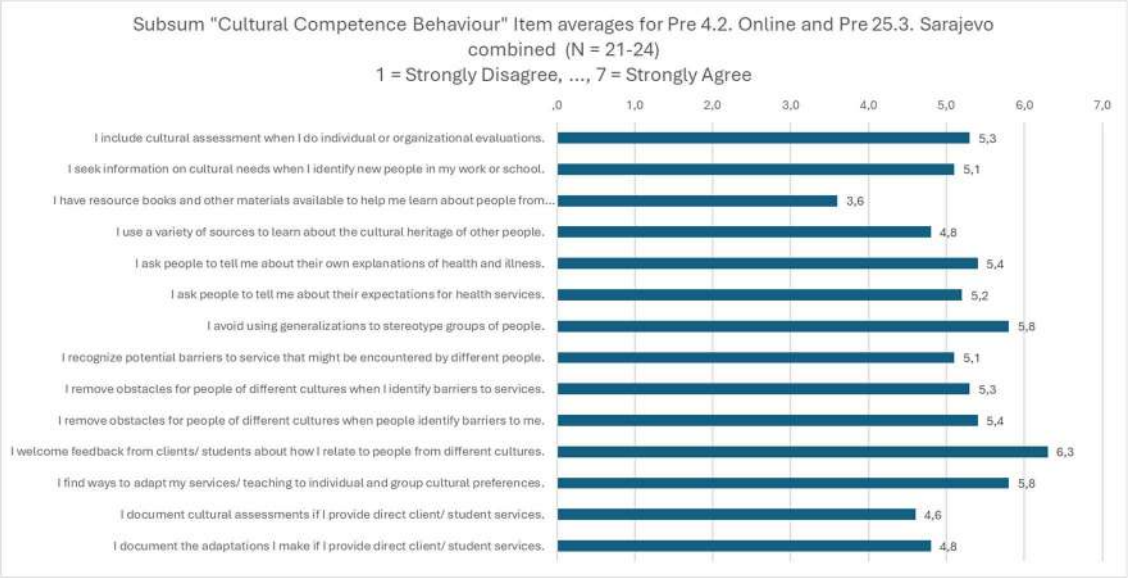


Figure 9. Cultural Competence Behaviour (CCB) pre-surveys conducted online and in Sarajevo.

In Mostar, the pre-survey sample sizes ranged from 28 to 34, while the post-survey sample sizes ranged from 32 to 33. Because these two samples consisted of different respondents, the results cannot be interpreted as direct pre–post comparisons (see Figures 10 and 11).

Across both survey rounds, the average item scores ranged from 4,1 to 6,5 on a seven-point Likert scale (1 = strongly disagree; 7 = strongly agree). Most items demonstrated relatively high mean values and modest increases, indicating generally positive attitudes toward cultural awareness in both pre- and post-survey groups. Items reflecting respect for individuals regardless of their cultural background and the importance of understanding cultural diversity in health care consistently received the highest scores. For example, the statement "*I believe that everyone should be treated with respect no matter what their cultural heritage*" showed the highest averages in both groups (Pre: 6,5; Post: 6,2).

In contrast, reverse-scored statements—such as "*Ethnic background is the most important factor in determining a person's culture*" and "*Language barriers are the only difficulties for recent immigrants to Europe*"—received moderate mean scores (Pre: 4,1 and 5,1; Post: 4,8 and 4,9). As these items are reverse-coded, lower mean values indicate stronger cultural awareness and sensitivity.

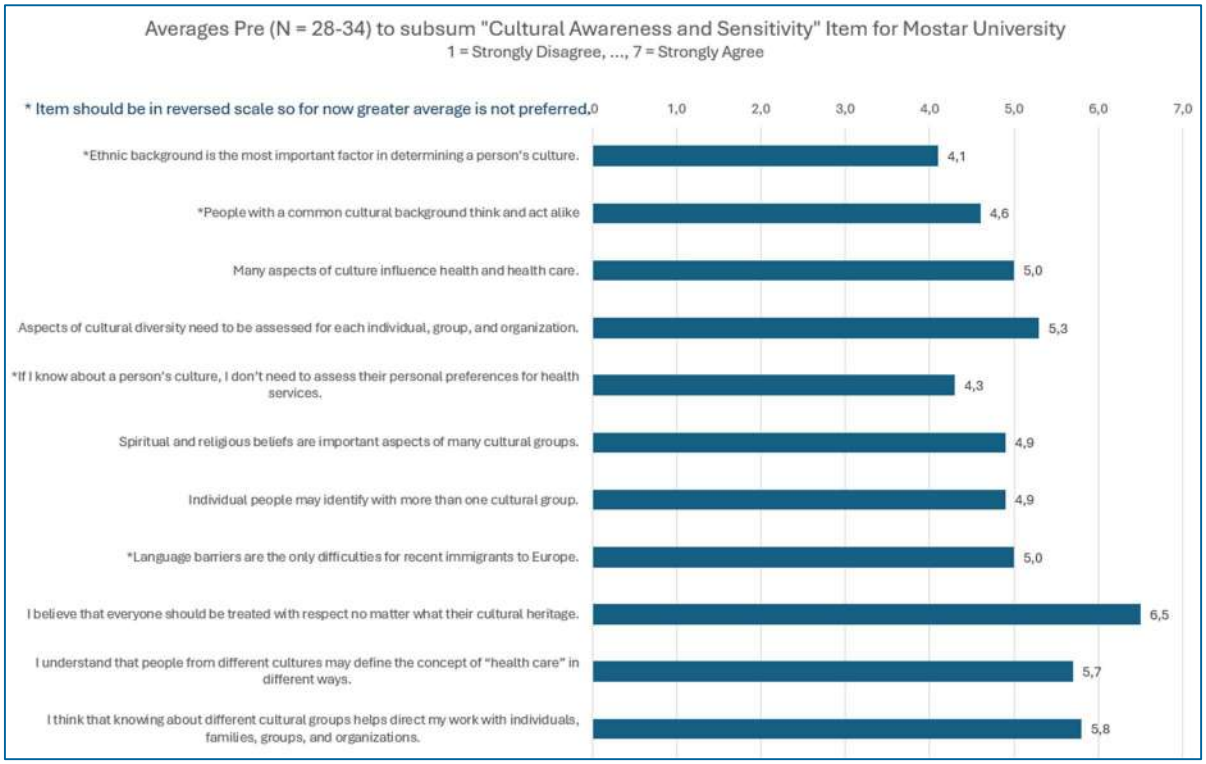


Figure 10. Cultural Awareness and Sensitivity (CAS) all pre-survey responses in Mostar.

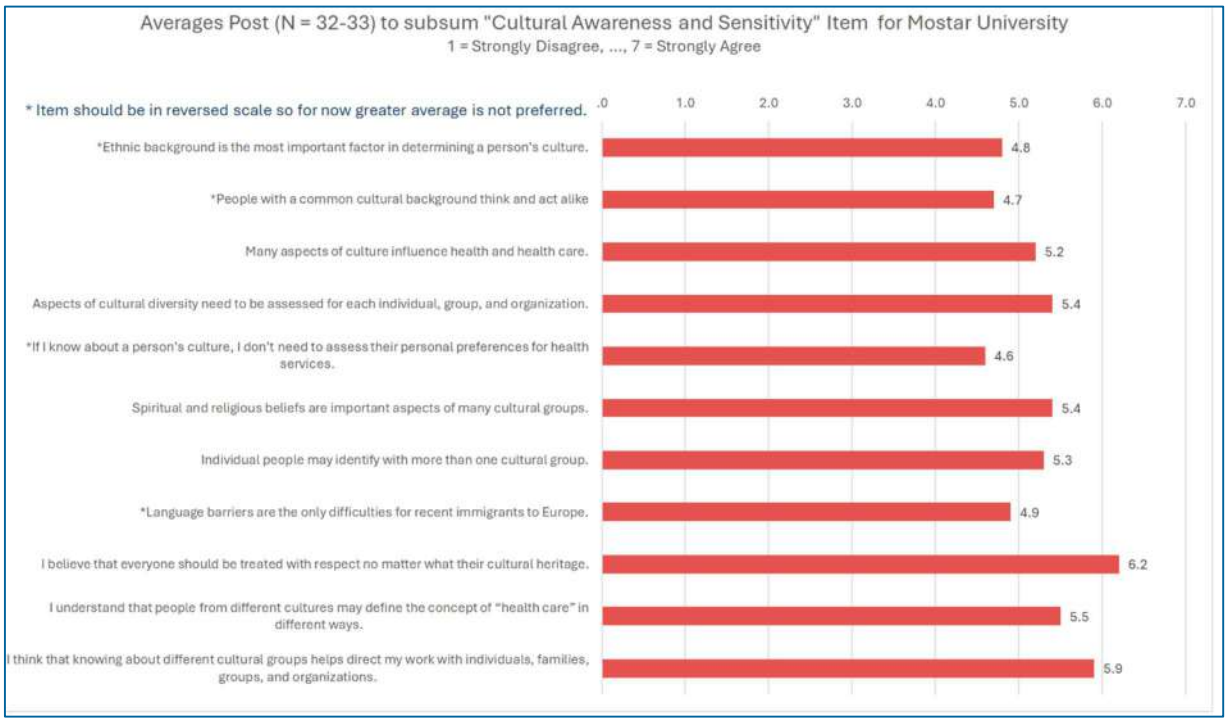


Figure 11. Cultural Awareness and Sensitivity (CAS) all post-survey responses in Mostar.

In the CCB pre-survey in Mostar, the lowest mean of the items was in an item "*I have resource books and other materials available to help learn about people from different cultures"* (mean=3,4) and the highest mean was in the item *"I ask people to tell me about their own explanations of health and illness"* (mean=5,2). See figure 12.

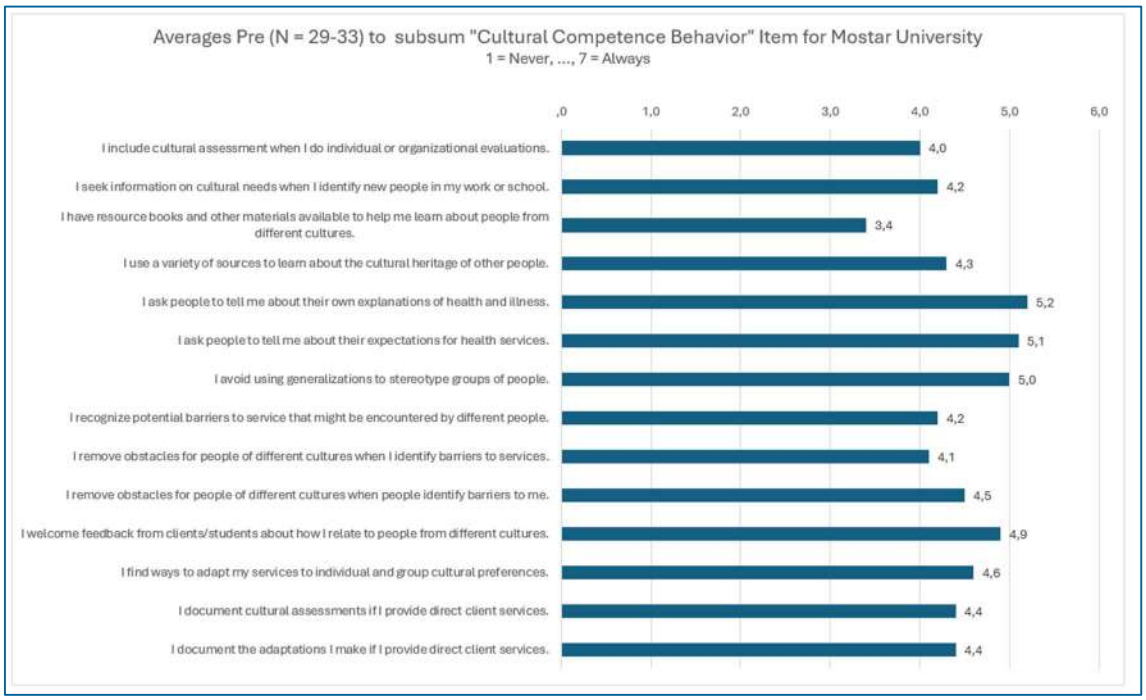


Figure 12. Cultural Competence Behaviour (CCB) all pre-survey responses in Mostar.

In the CCB post-survey in Mostar, the lowest mean was in the item *"I use a variety of sources to learn about the cultural heritage of other people"* (mean=3,9) and the highest mean was in the item "*I ask people to tell me about their own explanations of health and illness"* (mean=5,6). See figure 13.

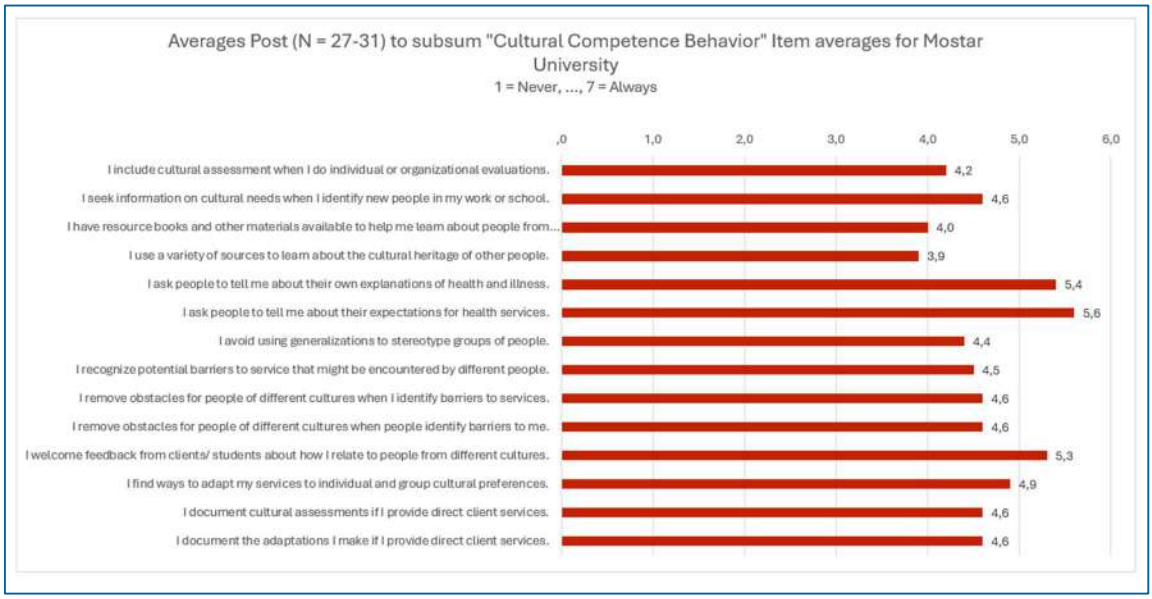


Figure 13. Cultural Competence Behaviour (CCB) all post-survey responses in Mostar.

In the Mostar post-survey, 17 respondents indicated that teaching was part of their work. Most of these participants reported feeling either very competent or somewhat competent to teach content related to cultural competence (Table 3).

Table 3. If your work includes teaching, how competent do you feel to teach cultural competence? Post-survey in Mostar (N=17).

	n	Percent
Very competent	8	47,0%
Somewhat competent	7	41,2%
Neither competent nor incompetent	1	5,9%
Somewhat incompetent	1	5,9%
Very incompetent	0	0,0%

The variation in responses from Mostar was high, and the number of participants who completed the paired pre- and post-surveys was very small (n = 11). Due to the combination of a small sample size and high response variability, the results of the Wilcoxon Signed Rank test were not statistically significant in the Cultural Awareness and Sensitivity subscale. The means for the item *I believe that everyone should be treated with respect no matter what their cultural heritage were high* (Pre: 6,0 and Post: 5,8). Like in previous surveys the reverse-scored statements— "*Ethnic background is the most important factor in determining a person's culture*" and "*People with common cultural background think and act alike*"—received quite high mean scores in both pre- and post-tests. Agreement with these beliefs stayed strong and are interpreted

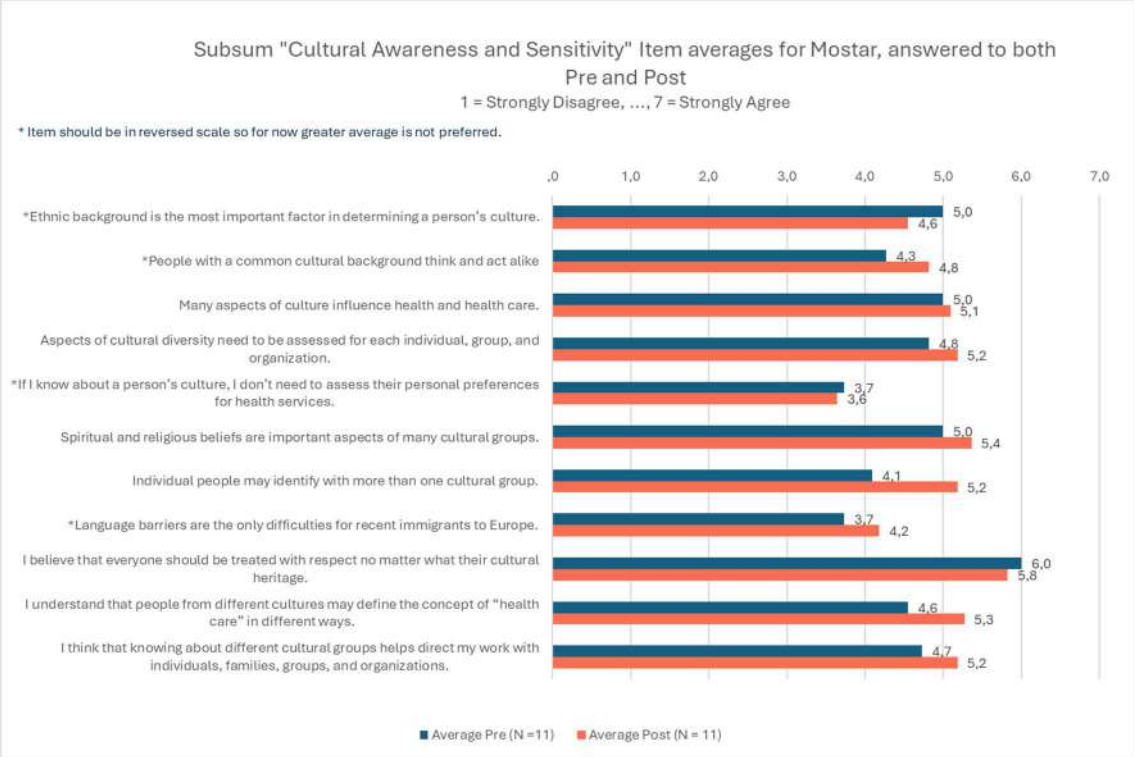


Figure 13. Cultural Awareness and Sensitivity (CAS) pre- and post-survey item analysis after the workshop in Mostar.

In the Cultural Competence Behavior subscale there was a positive trend across the items, except the item *I seek information on cultural needs when I identify new people in my work or school* remained on the same average (Pre and Post: 4,3). The most positive change was seen in the item: *I ask people to tell me about their own explanations of health and illness.* (Pre: 4,3 and Post: 5,4).

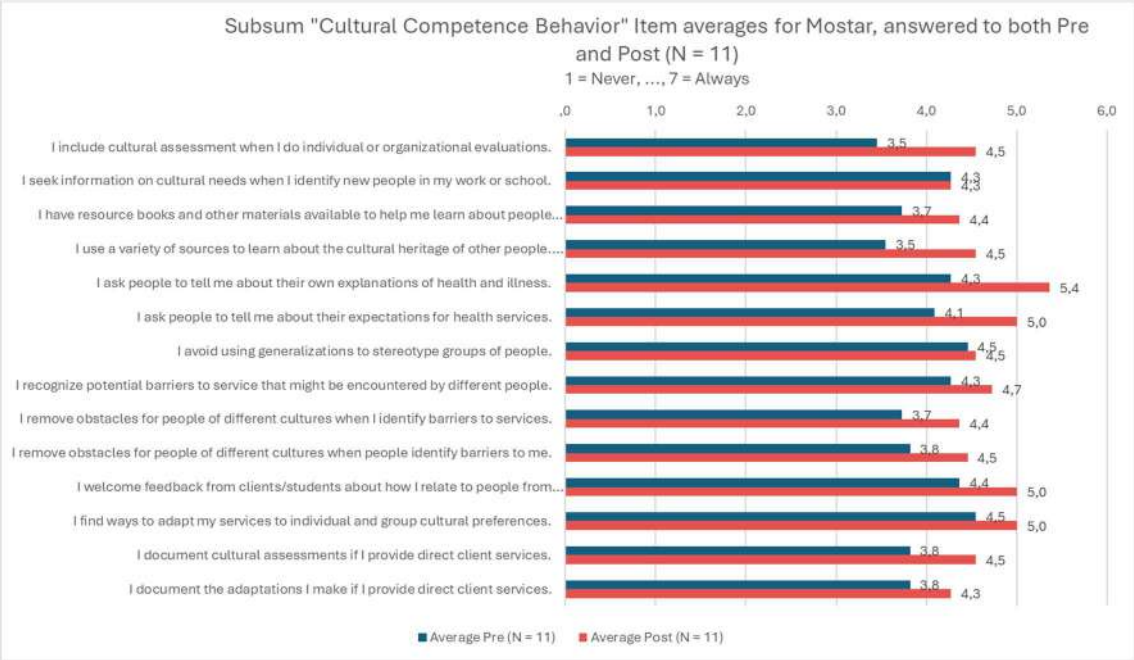


Figure 14. Cultural Competence Behavior (CCB) pre- and post-survey item analysis after the workshop in Mostar.

Respondents of the paired pre-post-test (n=11) reported high levels of competence in working with individuals from diverse cultural backgrounds already prior to Workshop 7. They also rated themselves as highly competent in teaching cultural competence before the workshop. These self-assessed areas of competence did not show statistically significant changes following the workshop. Similarly, respondents' Cultural Awareness and Sensitivity scores did not change significantly after the two-day workshop. However, there was a statistically significant improvement in the Cultural Competence Behavior subscale after the workshop ($p = 0.008$). See Table 3.

Table 3. Development of cultural competence after workshop 7 in Mostar.

	Mean	Median	Std. Deviation	Min	Max
How competent feels working with different culture people					
Pre	4.36	5	0.81	3	5
Post	4.09	5	1.14	2	5
How competent feels to teach cultural competence					
Pre	4.30	4	0.67	3	5
Post	4.00	4	1.00	2	5
Cultural Awareness and Sensitivity CAS					
Pre	4.13	4.18	0.65	2.73	4.91
Post	4.36	4.18	0.61	3.45	5.27

Cultural Competence Behavior CCB					
Pre	4.01	3.86	1.07	2.29	5.50
Post	4.64	4.93	1.16	2.86	6.50 *

*Related Samples Wilcoxon Sign Rank Test (p = 0,008).

SUMMARY OF THE EVALUATION

It was not possible to analyse the longitudinal development of trainers' cultural competence across all workshops. Only seven participants completed the surveys at three or more measurement points, which is insufficient for conducting a reliable longitudinal analysis. Consequently, the findings should be interpreted with caution, and no conclusions can be drawn regarding long-term changes in cultural competence based on this dataset.

In both Workshops 3 and 7, the observed positive improvement in the Cultural Competence Behavior subscale—despite the small pre-/post-test respondent samples—can be considered evidence that the educational intervention achieved its intended outcomes within the scope of this capacity-building project.

XI. CONCLUSION

The Training of Trainers (ToT) of the TCCWB project has played a leading role as an aim in strengthening the capacity of partner institutions to advance transcultural competence within health care education in the Western Balkans. Across the seven workshops, participants engaged with diverse cultures, expert-led content and collaborative activities that collectively supported the development of shared understanding, skills and tools necessary for high-quality transcultural nursing education. The workshops addressed a wide spectrum of thematic areas providing evidence-based and experiential knowledge for HEI educators, faculty members and healthcare professionals. The project also facilitated meaningful exchange between institutions, enabling participants to reflect on their own educational practices while learning from the experiences and expertise of colleagues across the consortium.

The ToT workshops achieved strong satisfaction outcomes, demonstrating that the training approach effectively met participants' expectations. Satisfaction data collected after each workshop suggested that participants were generally pleased with the clarity of content, the usefulness of discussions and the applicability of methods to their own teaching contexts. Satisfaction with the quality of the workshops was measured with a separate rating scale from 0 to 10, where 0 indicated *very dissatisfied* and 10 *indicated very satisfied*. The average

satisfaction across the workshops varied between 8,1 and 9,6. Respondents were also given the opportunity to provide written feedback in response to one open-ended question. Most of the feedback was positive.

One of the methodological limitations of the evaluation process was the fact that the CCA-tool could not be piloted with the trainer respondents. In addition, we had no prior knowledge of the trainer of trainer workshop attendees. The Cultural Competence Assessment instrument was adapted to trainers and teachers. However, some of the respondents were students and healthcare professionals. Using one instrument across these separate groups may have affected the validity and sensitivity of the results. Teachers, students and health care professionals differ significantly in their professional experience, exposure to culturally diverse clinical situations and their roles within educational and healthcare contexts. Another limitation is the fact that the surveys were in English and not in the native languages of the respondents. The consortium was consulted on the languages of the surveys and the partners from the Western Balkans didn´t consider them necessary to be translated into local languages.

The results showed that even short workshops had a positive effect on cultural competence behaviour, but cultural awareness and sensitivity changes were more subtle. The need for capacity building was displayed through the CCB indicating that the respondents didn't always have resource books and other materials available to help them learn about people from different cultures.

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