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Cultural Competence in Dietetic Practice

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Abstract: In the European context shaped by migration, it is necessary to adapt dietitians to cultural diversity for effective professional practice. The objectives of the research are to analyze the cultural and ethnic diversity in Romania, highlighting the possible influence of acculturation on the dietary behaviors of different ethnic groups, and to formulate ways to apply the stages of cultural competence. The research methodology included the collection and use of data from the population census and other statistical sources to analyze the ethnic, linguistic, and religious composition in different regions of Romania, and the use of a cultural competence model that could be applied in the Romanian medical context for the formulation of health recommendations tailored to eating habits and influenced by acculturation and sociocultural factors. The study reveals the cultural diversity of the Romanian population, with more than 1.7 million inhabitants having a native language other than Romanian and with a wide ethnic and religious variety. We adapted a cultural competence model including methods to assess dietary acculturation, understand food preferences, and respect ethnic, religious, and generational diversity, ensuring its applicability in various multicultural contexts. This study emphasizes the importance of cultural competence in dietetic practice in a diverse health care setting and tailoring nutrition services according to cultural diversity to improve health and patient satisfaction.

Keywords: cultural competence; dietetic practice; ethnic diversity; immigrants

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1. Introduction

Culture serves as the basis for self-identification, determining a person's place in the world and social group [1]. Culture influences many aspects of a person's identity, such as the types of foods served, cooking techniques, meal customs, holiday traditions, values, beliefs, spirituality, methods of child-rearing, and established family roles [2]. It allows individuals to identify with specific groups or populations from a young age and remains ingrained throughout life. Due to its deeply rooted nature, cultural practices evolve gradually and actively influence the daily activities and behaviors of various groups [3]. Cultural competence is a comprehensive concept that seeks to encompass the various dimensions of an individual or group, representing a "core requirement for working effectively with culturally diverse people" [4] (p. 117). Cultural diversity and cultural identity encompass components beyond ethnicity, nationality, and language [5]. Cultural identity also encompasses race, age, gender, religion, socioeconomic status, occupation, education level, political orientation, immigrant status, and others. Diversity reflects the numerous ways individuals are unique or different while maintaining certain similarities [6].

In a global society undergoing continuous demographic change, dietitians frequently collaborate with other health professionals and patients from diverse cultural backgrounds.

To communicate effectively and provide appropriate nutritional counseling, dietitians need to understand the traditional foods consumed by different ethnic groups, including ingredients and preparation methods and the cultural significance associated with them, as well as dietary habits, cultural influences on adopted dietary patterns, and factors shaping lifestyle behaviors.

Due to migration, European countries face challenges related to diversity. Dietitians must be aware of cultural differences and similarities, adapt, and effectively practice in a multicultural environment.

A challenge for dietitians lies in achieving cultural competence to guide patients in making dietary changes without compromising the sociocultural functions of food. Implementing dietary changes may involve a diverse range of behavioral and cognitive interventions, self-efficacy, relapse prevention, self-monitoring, stages of change, social support, and educational strategies [2]. Food has had a cultural influence for centuries, being a fundamental aspect of group identity. Culture, composed of learned and transmitted behaviors, is formally and informally passed down from one generation to the next and is dynamic, adapting over time. Dietary practices, values, and beliefs uphold the identity of cultural and ethnic groups, determining which foods are considered appropriate [7].

The research objectives focus on analyzing cultural and ethnic diversity in Romania, considering linguistic and religious variations based on the 2021 population census results. The study aims to highlight the potential influence of acculturation on the dietary behaviors of different ethnic groups. Within this research framework, we discuss concrete ways to apply the stages of cultural competence as formulated by Holli and Beto (2015) [8]. These include recommendations for dietitians regarding adapting nutritional assessments and interventions to patients' cultural and religious specificities, thereby contributing to the enhancement of dietary practice.

2. Materials and Methods

The initial phase of the research involved collecting and utilizing official data from the 2021 Population and Housing Census, as well as other relevant statistical sources concerning the ethnic, linguistic, and religious composition of the population in various regions of Romania. However, the focus of this study was not based on a quantitative analysis of the largest ethnic groups but was instead motivated by the current sociopolitical context, particularly the ongoing conflict in Ukraine, which has led to an influx of Ukrainian refugees and migrants into Romania.

The second phase focused on employing a cultural competence model applicable within the Romanian medical context. This aimed to formulate recommendations for dietitians and healthcare professionals to facilitate an understanding of dietary habits among different ethnic and cultural groups and to adapt methods of nutritional assessment and intervention according to the degree of acculturation and sociocultural factors influencing their dietary behaviors.

3. Results

3.1. Cultural Diversity in Romania

The results of the 2021 population census in Romania reveal that over 1.7 million residents have a mother tongue different from Romanian, with the descending order of different ethnic populations being as follows: Hungarians, Roma, Ukrainians, Germans, Turks, Russian-Lipovans, Tatars, Serbs, Slovaks, Bulgarians, Croats, Italians, Jews, Poles, Greeks, Czechs, Armenians, Macedonians, Ruthenians, Albanians, and other ethnicities. It is not only ethnicity varies that but also religion. In Romania, out of 19 million inhabitants, 2.2 million declare a religion other than Orthodox Christianity, while 154 thousand have stated they are without religion, agnostic, or atheist [9]. Therefore, Romania's population includes individuals of different ethnicities, religions, ages, education levels, work experiences, lifestyles, values, and socioeconomic statuses. Dietitians need to understand aspects of cultural identity, as culture influences perceptions of health, illness, and nutrition, as well

as where treatment is sought and the expected relationship between healthcare providers and patients.

Each culture exhibits variations, including distinct subgroups. Many countries have populations comprising a major group and numerous subgroups. For instance, while the Hungarian population is a major ethnic group in Romania, within this community exists the subgroup of Szeklers [10], and similarly, within the Ukrainian ethnic group in Maramureș, there exists the subgroup of Hutsuls [11]. Alongside these subgroups are other subcultures, likely sharing many similarities but also possessing distinct cultural differences.

The number of registered international migrants in Romania varies due to different factors (462.6 thousand in 2019 and 705.3 thousand in 2020) [12]. In 2019, 40.7 thousand persons were foreign immigrants [13]. The Interactive Report on Global Migration 2022 shows that most individuals who changed their usual residence to Romania came from Spain, the Republic of Moldova, the United Kingdom, Germany, Italy, and other European countries [14], while the June 2024 edition of the statistical compendium Romania in Figures, issued by the National Institute of Statistics, reports that 293 thousand persons chose to remain in Romania in 2022, the majority of whom were nationals [15].

Amid the Ukraine conflict, from 2022 to 2024, over 4 thousand persons sought asylum and over 148 thousand individuals received temporary protection in Romania. Nearly a thousand Ukrainian children were integrated into Romanian schools [16]. The United Nations estimates Ukraine could lose nearly a fifth of its population by 2050 [17]. Romania hosts a large number of displaced Ukrainians, offering free accommodation, meals, and medical care for 90 days. Ukrainians can work under the same conditions as Romanian citizens within three months of applying for temporary protection, supported by a platform that simplifies asylum, accommodation, and job search processes [18]. Migration patterns and integration experiences are shaped by a multitude of factors, including time spent in transit camps, legal statuses upon arrival, and socioeconomic conditions. These variables influence the adaptation strategies employed by refugee populations and affect their long-term inclusion. A notable part of the adaptation process for Ukrainian refugees is their integration into Romanian society through the support provided by various organizations, such as the International Organization for Migration. Through a combination of legal assistance, language courses, and cultural activities, the inclusion of Ukrainian refugees is facilitated, allowing them to contribute to Romania's multicultural landscape [19].

3.2. Acculturation and Assimilation

The process of acculturation describes the adaptation of the behaviors, attitudes, and traditional views of a minority culture upon contact with the dominant culture. In contrast to assimilation, where group members fully adopt the practices and beliefs of the dominant group, acculturation involves an ongoing interaction between the traditional and new cultures. This process can lead to the integration of both cultures, the rejection of one in favor of the other, or a separation from both [20]. The relationship between acculturation and dietary habits is well-documented, evidenced by food preferences, consumption frequency, and overall dietary patterns. For example, long-established Latin Americans in the United States have increased their consumption of sugar-sweetened beverages and decreased their intake of high-fiber foods like beans and fresh fruits compared to new immigrants. The globalization of the Western diet has also influenced traditional diets in many other countries [21].

Dietitians must understand acculturation to accurately assess factors influencing dietary choices. For instance, an Asian individual in a dominant society consuming fast food may be perceived as making unhealthy dietary choices, whereas an Asian person adhering to a traditional diet rich in whole grains and rice may be seen as making healthy choices [22]. Dietitians should not assume that all dietary changes due to acculturation are either healthy or unhealthy.

Distinct sociocultural traits related to dietary practices have been observed among the Chinese community residing in Romania. Generally, Chinese children consume Romanian

food and only occasionally eat Chinese food prepared at home, study in the Romanian public education system, receive care within the Romanian public health system, and play and spend leisure time in Romanian neighborhoods [23]. Chinese residents in Romania often maintain their traditional Chinese dietary habits, such as consuming rice, tofu, and fresh vegetables. However, interaction with Romanian culture may lead to adaptations of these preferences. Dietitians can promote healthy food choices that blend traditional Chinese cuisine with modern nutritional recommendations tailored to the local context.

Acculturation to Western lifestyles associated with Arabic-speaking immigrant diets leads to increased consumption of fruits and vegetables and the consumption of low-nutrient, energy-dense foods [24]. Kosher and Halal foods are two distinct concepts in the dietary practices of Jewish and Muslim communities, each with specific rules regarding food preparation and consumption. This practice reflects not only adherence to religious norms but also the preservation of cultural and communal identity in a globalized and diversified context. For example, Halal food has become an integral part of American food culture through immigration and globalization, impacting Muslim and non-Muslim consumers alike, as well as the US food industry [25], despite only 1% of Americans identifying as Muslim [26]. Although 0.3% of Romania's population is Muslim [9], dietitians must be aware of Halal food specifics and actively collaborate with members of these communities to better understand dietary preferences and provide appropriate nutritional recommendations while respecting the respective community's religious pattern.

3.3. Limited Literacy

Many immigrants who choose to settle in Romania face challenges in the assimilation process. Particularly, the first generation of immigrants encounters the greatest difficulties in adapting to Romanian culture, including challenges in learning and interpreting the Romanian language. Literacy poses a challenge for those who are not native speakers. The Ministry of National Education, in collaboration with the General Inspectorate for Immigration, organizes Romanian language courses throughout the school year [27]. Although foreign immigrants attend these courses, they may have limited literacy skills or may not even read in their mother tongue. Such difficulties can affect communication between dietitians and immigrants. Given that poor reading skills are associated with poor health [28], it is important for dietitians to identify those who may conceal their inability to read. In an effort to hide illiteracy, such individuals may say, "I don't have my glasses with me. I'll read it later", "My glasses broke", "The writing is too small", "I can't concentrate right now", or "I'm too tired to read". One technique for identifying these individuals is to hand them written materials upside down. Typically, readers will turn the paper right side up, whereas non-readers will not. Individuals may be asked to identify the name of a food item from a list.

Educational materials typically written at an eighth-grade level contain health-related information, rather than the sixth-grade level recommended by the American Medical Association for general audiences [29]. To correct this imbalance, dietitians can ask patients to read materials to test readability, and they can include more visual elements when providing nutritional education to individuals with low literacy levels. It should not be assumed that patients from a certain culture can read the language commonly used in that culture. Maintaining simple language, short sentences, limiting paragraphs to 3–4 sentences, and planning menus or shopping lists are useful methods to help patients connect words and language. Sometimes, repeating important information is necessary. To ensure patient understanding, the teach-back method can be applied, where patients are asked to repeat what was said. If literacy issues are not properly diagnosed, addressed, and remediated, the chances of effective nutritional counseling will be greatly diminished.

3.4. Cultural Competence and Nutritional Counseling

A relevant model of cultural competence for dietitians is proposed by Betsy B. Holli and Judith A. Beto [8]. Based on the premise that the patient is not a culture but pri-

marily an individual, the authors describe four stages of cultural competence: cultural assessment, multicultural awareness, knowledge concerning nutritional counseling, and nutrition counseling skills. These involve a comprehensive approach to understanding and respecting diverse cultural practices. First, a thorough cultural assessment helps professionals grasp clients' traditional food habits, health beliefs, and family dynamics, ensuring personalized and respectful guidance. Multicultural awareness requires practitioners to recognize their own biases, fostering more effective communication and adaptation to clients' cultural differences. Additionally, knowledge of multicultural food practices allows professionals to create tailored dietary recommendations that honor clients' cultural traditions. Lastly, strong counseling skills, including trust-building, clear communication, and culturally relevant interventions, are essential for successful client engagement and collaboration [8]. This cultural competence model, originally designed for diverse American populations, is tailored in our research to specifically address the needs of Ukrainian immigrants in Romania.

3.4.1. Cultural Assessment

Understanding Dietary Acculturation

Cultural assessment should include the degree of acculturation to Romanian dietary habits. In this regard, questions address traditional foods for the respective community, the relationship between food and health, prepared or purchased foods, recipes, food preparation, and family-food interactions. Such suggestions are used in the nutritional counseling of Indigenous peoples and ethnic minority groups [30]. Based on the assessment, dietitians can determine whether immigrants who have adopted more Romanian culture need support in selecting healthy Romanian dishes. Similarly, less acculturated immigrants can be counseled to modify their traditional cultural recipes if they are unsuitable for their health condition.

Understanding Food Preferences

According to Gabaccia (1998), "food and language are the cultural habits humans learn first and the ones they change with the greatest reluctance" [31]. Food preferences from childhood persist into adulthood, highlighting the significant influence of early family experiences on food habits [32].

Foods consumed in childhood define what is familiar and comforting, and changing these food choices is challenging. Dietary interventions should always respect patient preferences, which often reflect family habits, traditions, and beliefs. For example, many Ukrainian parents prefer to prepare meals at home using fresh, locally sourced ingredients. The diversification of an infant's diet typically begins at the age of 4–5 months. Sour cream, cottage cheese, and yogurt are introduced early into a child's diet as they are commonly consumed in Ukrainian cuisine. Popular first foods include mashed potatoes, carrots, and rice or buckwheat porridge. When transitioning to solid foods, children eat at the table with the family. Ukrainian cuisine, influenced by Turkish, German, Polish, and Russian cuisines, uses meat, mushrooms, vegetables, fruits, herbs, cabbage, potatoes, beet borscht, onions, garlic, dumplings, bread, oatmeal, wheat, and buckwheat porridge. Common cooking techniques include boiling, baking, and stewing. Ukrainian culture influences mothers' culinary decisions post-birth. Herbal remedies such as teas, baths, and compresses made from chamomile, nettle, or yarrow are frequently used to support postpartum recovery. Breastfeeding is encouraged, and feeding with formula milk is accepted. Traditional Ukrainian postpartum diets often include soups, broths, boiled cereals, and nourishing herbs believed to support recovery and promote milk production. Some women suggest hot tea, chicken or beef soup, and even dark beer to stimulate lactation [33]. In nutritional counseling for Ukrainian immigrants, dietitians should suggest dietary modifications or alternatives that align with familiar cooking ingredients and techniques, thereby minimizing disruption to the comfort provided by the traditional diet.

Understanding Ethnic, Religious, and Generational Diversity

Avoiding stereotyping patients based on their national or ethnic origin or appearance is crucial. In India, for instance, not all residents are Hindus. There is cultural diversity, with multiple groups practicing different religions, having diverse customs, speaking various languages, and consuming distinct foods [34]. Just as not all Arabs are Muslims and not all Irish are Catholics, similarly, not all Ukrainians are Orthodox [35]. First-generation immigrants tend to closely retain their native cultural customs, while descendants of subsequent generations are more inclined to assimilate into the host country's culture. Nonetheless, they also preserve culinary practices and food preferences from their country of origin, adapting more easily to new cultural patterns due to diverse interactions in their social lives [36]. Dietitians must recognize cultural differences between generations and groups within each culture, respecting each individual's uniqueness in adhering to cultural patterns and identifying with the dominant culture.

Understanding the Interaction of Food Traditions

Avoiding ethnocentrism is crucial. Dietitians must understand and recognize that their own culture and worldview are not necessarily universal or universally correct [21]. Prioritizing the patient's benefit, education, and respect is paramount. For example, when interacting with Ukrainian immigrants, dietitians should be aware that their interpretations and values may differ from their own, especially in the context of Easter and associated food. They may be tempted to compare Ukrainian Easter traditions and cuisine with those they know from their own cultural context, assuming that Ukrainian dishes are not as healthy or balanced as Romanian ones, due to differences in ingredients or preparation methods. This approach reflects cultural insensitivity and a tendency to evaluate the traditions of other cultures against their own norms and cultural expectations. To avoid ethnocentric manifestations, dietitians should adopt an open attitude, respect patients' culinary traditions, and discuss them in a manner that promotes mutual understanding and collaboration to identify healthy eating options that also respect specific cultural traditions.

Understanding Perceptions of Health, Illness, and Death

Culture influences perceptions of health, how illness is recognized, and treatment choices [37]. Each culture values its own perspectives on health and illness, from beliefs and care and treatment practices to gender preferences in medical consultation and dynamics in the relationship with medical professionals. Belief-based and traditional practices can be respected if they are not harmful to patients and do not exploit those in the patients' circles. Examples are intermittent fasting, in many cultures [38], and the use of integrative and complementary medicine [39]. Among Ukrainian immigrants, some individuals may believe that fasting during the 12 special Fridays of the year protects them from a "bad death", which is violent, agonizing, unexpected, sudden, and unnatural. Fasting on Mondays, perceived as a holy day when the world was created, offers a good and easy death [40]. During the postpartum period, protection against drafts and cold environments is considered [33]. Integrating cultural practices into the medical care plan can improve treatment outcomes for immigrants by respecting their health-related beliefs and practices.

Understanding Nonverbal Behavior

Nonverbal behavior varies across cultural groups and carries different connotations. Personal and visual contact, gestures, interpersonal space, public displays of affection, punctuality, and physical touching are culturally determined. For example, in many Muslim communities, hugging a married woman is considered unacceptable. In certain parts of Asia, as well as Central and South America, it is socially acceptable for a patient to be late or cancel an appointment without notice. In American culture, tardiness is discouraged and displays of affection between partners are accepted. Avoiding direct eye contact is seen as disrespectful in Western culture but may be perceived as a lack of

politeness in other cultures. Some cultures maintain shorter interpersonal distances, while others prefer greater distances [41].

Ukrainian greetings involve handshakes and maintaining eye contact. Men may briefly embrace and exchange back pats, while women may exchange three alternating kisses on the cheek. Public smiling is not common, but they stand close during conversation. Speaking loudly, prolonged eye contact, sitting on the floor, walking in grassy and flowery areas, and eating in public without offering to others are considered impolite behaviors [42].

Dietitians need to be aware of these nonverbal cues to better understand patients' behaviors and choices. Each nutritional counseling session should begin with establishing a neutral professional framework. The situation is assessed by listening to and observing the manners of immigrant patients. During the initial phase of counseling sessions, caution is exercised in handshakes and physical contact with patients.

Understanding Social and Family Relationships

Culture generally determines interactions and family composition. In some cultures, women are not allowed to speak openly, work outside the home, or make decisions for themselves or their families. In numerous cultures, decisions are made by a family member or the entire community rather than by the individual [43]. Therefore, nutritional counseling sessions may be conducted in the presence of the woman's father, husband, or any family decision-maker.

Ukraine has a strong tendency toward patriarchy, where the thoughts and opinions of men are often valued over those of women. Some Ukrainians may ignore a disease without symptoms. Patients may have taken several home remedies and over-the-counter medications before seeking medical services. Upon first contact, the full name of the Ukrainian patient is pronounced. Some consider themselves healers. They use massage, herbal remedies, prayers for spiritual healing, and rituals to ward off the "evil eye". They believe that life events are predestined [42].

Ukrainian culture emphasizes hospitality, family values, and celebrating traditions such as Easter, Christmas, and New Year. Pregnancy is seen as a significant event, and expectant mothers often receive support from family and the community. Prenatal vitamin supplementation is a common practice. A healthy and balanced diet includes traditional Ukrainian dishes such as soups, stews, whole grains, vegetables, and dairy products. Family members assist with household chores, provide emotional support, and share traditional wisdom regarding pregnancy and childbirth. Ukrainian culture has various superstitions associated with pregnancy. Pregnant women avoid attending funerals or going near cemeteries to prevent any negative energy from affecting the child. The baby's room should not be prepared, and clothes for the baby should not be purchased during pregnancy. The birth of the child is awaited. In the first 40 days after birth, the mother receives help from the family and is encouraged to rest and avoid strenuous activities. Extended family members such as grandmothers, aunts, and sisters provide advice, encouragement, and practical assistance in raising and educating children [33].

Ukrainians come from a society with deeply rooted traditional views on identity roles, family dynamics, and religious and social norms. The combination of traditional values and limited openness to ethnic and racial diversity can influence how Ukrainians interact with other cultural communities and healthcare providers. They may encounter challenges in interacting with people from different cultural backgrounds.

3.4.2. Multicultural Awareness

In a context where each individual possesses cultural, ethnic, linguistic, and racial identities, dietitians must become culturally competent by being aware of their own values and biases. This involves learning about their own customs and the historical connections between cultures and examining their own perspectives. Developing an attitude that respects cultural differences and tolerates unclear communication due to linguistic barriers is necessary, maintaining the patience required for effective communication [44].

3.4.3. Multicultural Nutrition Counseling Knowledge

To provide effective counseling to patients, dietitians must have expertise in foods, cooking methods, and cultural eating patterns. It is important to understand the culture and community in which patients live. Dietitians can assess the extent to which immigrant patients or their families adhere to cultural patterns through consultations with each family member [2]. Suggestions for understanding food culture include visits to immigrant neighborhoods and ethnic grocery stores and restaurants, participation in religious events, and the consultation of cookbooks [27,45,46]. Discussions should focus on food preferences, recipes, ingredients, portion sizes, and preparation methods. Gathering as much information as possible allows for the inclusion of the patient's food specifics in dietary change proposals. Nutritional education materials should be culturally appropriate for accessibility, with the use of visuals sometimes proving more effective. While the food plate and food pyramid are available in numerous languages [47,48], most countries have their own graphic representations for dietary guidelines that dietitians can use in nutritional counseling sessions.

3.4.4. Multicultural Nutrition Counseling Skills

If dietitians do not know the language spoken by immigrant patients, it is preferable to engage experienced translators to convey nutritional information rather than relying on family members, to avoid family dynamics issues. Questions should be directed directly to the patient, not the translator, maintaining eye contact with the patient while they respond [49].

Culturally appropriate interaction management includes conducting nutritional and cultural assessments, identifying nutrition-related issues, and planning and implementing relevant nutritional interventions [2]. In order to counsel diverse cultural groups, it is recommended to begin with assessing the patients' existing knowledge and beliefs. Correct knowledge is reinforced, and misconceptions are corrected. Questions are encouraged, and simple language, visual aids, clear speech, repetition of information, and the teach-back method are employed. Ultimately, interactions are adapted to cultural parameters, which facilitates an accurate understanding of the discussed concepts and enhances communication [8]. Another skill in multicultural nutrition counseling is adopting an understanding attitude toward patients' beliefs. In certain cultures, weight gain is encouraged, and the reasons for this belief vary [50]. In these cases, counseling focuses on healthy eating rather than body weight.

Building trust is a skill among dietitians that contributes to improving patient adherence to nutritional recommendations [51]. Reducing the distance between dietitians and patients can be achieved through conversations on neutral topics, such as asking about where the patient grew up. This approach creates an environment where the patient feels comfortable and open to sharing relevant information for nutritional care. Trust is strengthened by informing patients about the upcoming procedures and explaining their purpose, process, and active role in the nutritional intervention plan.

4. Discussion

In the context of providing nutritional counseling to foreign immigrants settled in Romania, we utilized the cultural competence model proposed by Holli and Beto (2018) [8] to develop recommendations for dietitians and healthcare professionals aimed at enhancing understanding of dietary behaviors among diverse ethnic and cultural groups, and to tailor assessment and nutritional intervention approaches according to the degree of acculturation and sociocultural factors shaping their eating behaviors. This effort involves adapting dietary practice strategies in Romania to address the diverse cultural backgrounds of the immigrant population, which influence food choices and health outcomes. This cultural competence model emphasizes understanding the learned and shared knowledge that shapes behavior and interprets experiences within specific cultural groups. It encompasses beliefs about reality, social interactions, worldview, and adaptation to social and material

environments. Culture is reflected in religion, morality, customs, technologies, and survival strategies, influencing family life, interpersonal relationships, and perceptions of health, illness, and death.

Migrant communities often develop their own food networks, including shops, markets, and restaurants, which not only serve their own populations but also introduce their cuisines to the local population. This creates cultural exchange and influences local food practices [52]. Dietitians, who frequently counsel patients from diverse cultural and ethnic backgrounds, may find it somewhat overwhelming to understand the variety of foods these individuals consume. This limitation could hinder their ability to provide appropriate dietary alternatives when modifications are necessary. Therefore, there is a highlighted need to develop cultural competencies in dietetic practice.

The results of this study underscore the importance of cultural competence in dietetic practice, especially in a population of Romania that tends towards a new demographic reality, with more than 1.7 million inhabitants speaking a language other than Romanian as their native language. The 2021 census data reveal a cultural mosaic, comprising various ethnic, linguistic, and religious groups, which directly impacts dietary habits and health perceptions. This diversity requires dietitians to implement culturally specific nutritional interventions to effectively meet the needs of various communities. The application of a cultural competence model in Romanian healthcare settings demonstrates the potential to enhance the understanding and management of dietary behaviors across different ethnic groups. Acquiring cultural competence leads to understanding and respecting ethnic and religious diversity, thereby facilitating the provision of tailored and effective nutritional services.

We have adapted Holli and Beto's cultural competence model [8] by incorporating methods for assessing food acculturation, understanding food preferences, and respecting ethnic, religious, and age diversity, ensuring its applicability in various multicultural contexts. Thus, our study can contribute to the improvement of the quality of nutritional counseling in Romania, where dietitians will be better prepared to meet the nutritional needs of immigrant communities through culturally sensitive approaches.

This tailored approach fosters culturally relevant counseling by prioritizing the avoidance of stereotypes and ethnocentrism, encouraging open dialogue to understand individual needs, and developing personalized nutritional plans that reflect the cultural context of Ukrainian immigrants in Romania, particularly in light of the ongoing armed conflict in Ukraine. This framework can also be applied to other immigrant populations, ensuring that their unique cultural experiences are respected and addressed in nutritional counseling.

Previous studies have similarly emphasized the role of cultural competence in dietetics, highlighting how dietary practices are deeply rooted in cultural identities and how they influence health outcomes [53,54]. Zhang et al. (2023) supports the fact that ethnic minorities often retain traditional dietary practices while gradually incorporating elements from the dominant culture [55]. This dual adaptation needs to be taken into account by dietitians when developing nutritional interventions. Furthermore, the phenomenon of acculturation and its influence on dietary choices, such as a higher intake of vegetables, fruits, nuts, and legumes, but not on overall diet quality among Chinese American immigrants [56] mirrors the adaptation patterns observed in various ethnic groups in Romania. Thus, understanding these patterns allows dietitians to tailor interventions that respect cultural preferences while promoting healthy dietary habits.

This study aligns with several recent studies that emphasize the need for culturally tailored nutritional interventions to improve health outcomes among diverse populations. Instructional strategies in nutrition education that promote cultural competence and highlight the gap between education and practice among dietitians are discussed by Koh et al. (2020) [57]. Similarly, O'Donovan et al. (2022) emphasize the need for a holistic view and self-reflection among dietitians to develop cultural competence [58]. The specific competencies required for Aboriginal cultural competence in dietetics [59] highlight the importance of culturally tailored approaches. Practice-based learning is also useful for developing

cultural competence in dietetics education to effectively serve diverse ethnic groups [60]. Experiences such as nutrition courses that combine academic learning with community service activities help students develop the skills and knowledge necessary to work effectively in a multicultural environment [61]. Addressing challenges faced by dietitians in providing care to migrant diabetes patients in the Netherlands [62] and promoting healthy dietary behaviors among Pakistani women in Catalonia, potentially reducing metabolic syndrome and cardiovascular disease, through a culturally and linguistically appropriate food education program based on the transtheoretical model [63] underscores the necessity of cultural knowledge and tailored interventions. Considering these findings, there is a pressing need to adopt cultural competence models in Europe, where migration is a dynamic and diversified phenomenon.

The methods for applying the cultural competence model proposed in this study have limited generalizability due to Romania's specific context. Additionally, the available data may not fully reflect the diversity and real dynamics of dietary behaviors among different cultural and ethnic groups in Romania. A continuous and dynamic approach is needed to capture demographic changes and cultural practices effectively.

This research's novelty lies in emphasizing the importance of cultural competence in an increasingly multicultural context. The proposed approach, integrating aspects of acculturation, literacy, and application methods of theoretical models of cultural competence, offers an innovative and practical framework for dietitians. This framework can be expanded and applied in other cultural and geographical contexts, contributing to the development of a globalized dietetic practice sensitive to cultural diversity.

Furthermore, this research provides a starting point for developing continuous training programs for dietitians in Romania. These programs should include modules on cultural competence, as well as multilingual and multicultural guides, brochures, and online platforms to support patients in understanding and applying nutritional recommendations.

5. Conclusions

This study highlights the importance of cultural competence in providing effective nutritional counseling to immigrant populations in Romania, considering linguistic, ethnic and religious variations revealed by the 2021 census data. It examines how acculturation potentially influences dietary behaviors among different ethnic groups. By applying Holli and Beto's cultural competency model [8], the study provides practical recommendations for dietitians to tailor nutrition assessments and interventions to the cultural and religious specifics of their patients, thereby improving dietetic practice. Dietitians and health professionals can better understand and address diverse eating behaviors shaped by ethnic and cultural backgrounds.

Promoting cultural competence among dietitians not only improves the quality of nutrition counseling, but also encourages inclusive health practices that respect and respond to the diverse needs of immigrant communities in Romania. This approach ensures that nutrition interventions are both effective and culturally sensitive, ultimately improving health and well-being outcomes among ethnic, religious, and generational groups.

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