



Establishing a Culturally Competent Master's and Doctorally Prepared Nursing Workforce

Background and Rationale

The U.S. population in the 21st century reflects unprecedented ethnic and socio-cultural diversity (Lowe & Archibald, 2009). To meet the needs of diverse populations, nursing is challenged to adequately prepare practitioners beginning at the baccalaureate level and at the different graduate levels. Congruent with the *Cultural Competency in Baccalaureate Nursing Education* document developed by AACN in 2008, the rationale for proposing the integration of cultural competence in graduate nursing education is to support the development of patient-centered care which identifies, respects, and addresses differences in patients' values, preferences, and expressed needs (Institute of Medicine, 2003). Further rationale includes the mandate to eliminate health disparities, for which nurses need to be prepared to address in a global environment and in partnership with other healthcare disciplines (U. S. Department of Health and Human Services [DHHS], 2005). Finally, these cultural competencies highlight the leadership and scholarly potential of the nurse prepared at the graduate level.

Cultural competence is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations (The California Endowment, 2003). Becoming culturally competent is an ongoing process in which an individual or organization develops along a continuum until diversity is accepted as a norm and the nurse has acquired greater understanding and capacity in a diverse environment (O'Connell, Korner, Rickles, & Sias, 2007; Sias, 2004).

A hallmark of the educational transformation experienced by graduate-prepared nurses is their increased leadership capacity in education, research, practice, and policy. In this transformation, students move from "thoughtful action" to "critical reflection," challenging their assumptions and broadening their perspectives (Duffy, 2001) as well as those of their colleagues and students. The rationale for proposing the integration of cultural competence in graduate nursing education deepens the development of the leadership role in eliminating health disparities. This leadership role encompasses:

- Socially and empirically derived understanding of complex causes of disparities,
- Implementing culturally competent nursing care,
- Addressing social justice,
- Advocating for patients and policies that advance health care,
- Developing competency in collaboration with patients, key persons, agencies, and various stakeholders,
- Attitude modification and personal transformation, and
- Contributing to culturally competent scholarship.

Cultural Competencies for Graduate Nursing Education

This document provides six core cultural competencies with related expectations for Master's in Nursing (MS/MSN/MN), Doctor of Nursing Practice (DNP), and Doctor of Philosophy (PhD and similar research-focused doctoral degrees) programs.

In addition, case studies and a faculty toolkit are provided to support the implementation of a curriculum that focuses on facilitating the attainment of cultural competence by graduate nursing students. Nurse educators are referred to the *Cultural Competencies for Baccalaureate Nursing Education* document and the supporting tool kit (AACN, 2008) to become acquainted with the baseline competencies of incoming graduate students and a basis for comparison and dynamic utilization. These competencies, along with *The Essentials of Master's Education for Advanced Practice Nursing* and *The Essentials of Doctoral Education for Advanced Nursing Practice* serve as the foundation for the development of these graduate competencies. The end-of-program *Cultural Competencies for Graduate Nursing Education* are stated as minimum competencies rather than ideal or optimal outcomes of an educational program.

Graduate Cultural Competency Key Concepts and Definitions

Key concepts and definitions are provided for clarification of terms used in the *Cultural Competencies for Graduate Nursing Education*:

- **Culturally competent care.** Providing patients with health care that is sensitive to the values that emerge out of their particular background is culturally competent care as defined in *The National Standards for Culturally and Linguistically Appropriate Services in Health Care* (U.S. Department of Health and Human Services, 2001).
- **Diverse populations.** Diversity as an all-inclusive concept, and includes differences in race, color, ethnicity, national origin, and immigration status (refugee, sojourner, immigrant, or undocumented), religion, age, gender, gender identity, sexual orientation, ability/disability, political beliefs, social and economic status, education, occupation, spirituality, marital and parental status, urban versus rural residence, enclave identity, and other attributes of groups of people in society (Giger et al., 2007; Purnell & Paulanka, 2008).
- **Patients.** Throughout the document, the term “patients” is used to refer to the variety of clients and recipients of nursing care in all practice settings, including the individual patient (sick or well), the family, community, or population.
- **Socio-cultural factors.** Socio-cultural factors that nurses consider when planning and carrying out their care represent the range of circumstances and characteristics that are part of the context of care. These factors may include racism and discrimination, socioeconomic status, homelessness, unemployment, religious beliefs, and cultural knowledge of how the human body functions and health is maintained.

Additional key concepts and definitions related to the concept of cultural competency are provided in the *Tool Kit of Resources for Establishing a Culturally Competent Master's- and Doctorally Prepared Nursing Workforce* (<http://www.aacn.nche.edu/Education/cultural.htm>) and the *Tool Kit of Resources for Cultural Competent Education for Baccalaureate Nurses* (<http://www.aacn.nche.edu/Education/pdf/toolkit.pdf>).

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**Cultural Competencies for Graduate Nursing Education:
AACN/California Endowment Project**

CORE GRADUATE CULTURAL COMPETENCY	SPECIFIC GRADUATE CULTURAL COMPETENCY
1) Prioritize the social and cultural factors that affect health in designing and delivering care across multiple contexts.	<p>A. Evaluate the processes and outcomes of nursing and other healthcare services across diverse populations.</p> <p>B. Investigate and/or understand the effects and contribution of socio-cultural factors in the outcomes of nursing and healthcare services.</p>
2) Construct socially and empirically derived cultural knowledge of people and populations to guide practice and research.	<p>C. Integrate socio-cultural data into new and existing health technologies and informatics to plan, implement, and evaluate culturally competent care.</p> <p>D. Identify practice dilemmas related to cultural values and beliefs that will lead or lend themselves to collaborative research among practitioners and researchers.</p> <p>E. Design innovative culturally competent care systems to achieve safe and quality care outcomes.</p> <p>F. Explore and test concepts and measures to contribute to the state of the science of culturally competent care.</p> <p>G. Establish therapeutic relationships to negotiate patient-centered, culturally-appropriate, evidence-based goals and modalities of care.</p> <p>H. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations.</p>

CORE GRADUATE CULTURAL COMPETENCY	SPECIFIC GRADUATE CULTURAL COMPETENCY
<p>3. Assume leadership in developing, implementing, and evaluating culturally competent nursing and other healthcare services.</p>	<p>I. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.</p> <p>J. Ensure optimal cross-cultural communication in clinical and/or research settings for patients with limited English proficiency (LEP), health literacy, and/or nonverbal styles of communication.</p> <p>K. Promote safety and quality care outcome standards for equity, acceptability, accessibility, accountability, and affordability.</p> <p>L. Develop an infrastructure to enable scholarly inquiry of culturally competent care.</p>
<p>4. Transform systems to address social justice and health disparities.</p>	<p>M. Assess the personal and institutional determinants of bias, unequal treatment, discrimination, prejudice, and unethical behavior contributing to health disparities.</p> <p>N. Design and test innovative interventions to eliminate health disparities and to promote social justice.</p> <p>O. Direct local, state, and national public policy initiatives to improve health and eliminate disparities.</p>

CORE GRADUATE CULTURAL COMPETENCY	SPECIFIC GRADUATE CULTURAL COMPETENCY
<p>5. Provide leadership to educators and members of the healthcare or research team in learning, applying, and evaluating continuous cultural competence development.</p>	<p>P. Critically reflect upon self and others to enhance the progression along a cultural competency continuum.</p> <p>Q. Mentor students and members of the healthcare or research team in the application of culturally competent practice principles.</p> <p>R. Supervise other nurses and personnel using principles of inter-cultural communication.</p> <p>S. Create educational curricula and experiences to foster continuous cultural competence development and to optimize interactions with diverse patients.</p>
<p>6. Conduct culturally competent scholarship that can be utilized in practice. (We use scholarship but the specific competencies focus on research)</p>	<p>T. Generate data-based research and theory to explain and predict the outcomes of culturally competent care.</p> <p>U. Use ethical standards to conduct research studies and quality assurance interventions to improve culturally competent patient care.</p> <p>V. Develop culturally competent research design, methods, data interpretation, and reporting of findings in collaboration with diverse populations.</p>

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Other endorsements include (as of October 1, 2009):

- American Association of Critical-Care Nurses (AACN)
- American Nurses Association (ANA)
- Asian and Pacific Islander Nurses Association (APINA)
- Hospice and Palliative Nurses Association (HPNA)
- National Alaska Native American Indian Nurses Association (NANAINA)
- National Association of Hispanic Nurses (NAHN)
- National Association of Pediatric Nurse Practitioners (NAPNAP)
- Oncology Nursing Society (ONS)



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