



## CULTURAL COMPETENCY IN BACCALAUREATE NURSING EDUCATION

### Background/Content

Despite efforts to incorporate psychosocial and cultural factors in traditional nursing education, disparities among diverse groups' health status and access to health care continue to exist. The 21<sup>st</sup> century brings heightened awareness of how beliefs, values, religion, language, and other cultural and socioeconomic factors influence health promotion and help-seeking behaviors (American Association of Colleges of Nursing, 2003; Anderson, Calvillo, & Fongwa, 2007). *The Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008) highlights cultural competence in several of the outcome competencies for graduates.

This document provides a framework to facilitate the attainment of cultural competence by baccalaureate nursing graduates. Cultural competence is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations (California Endowment, 2003). Content and learning strategies for these competencies, as well as a tool kit and resource material for educators are included. For the purpose of this document, the term patient(s) refers to individuals, families, and communities. Consistent with *The Essentials of Baccalaureate Nursing Education for Professional Nursing Practice*, these competencies apply to practice in a variety of healthcare settings, patients across the wellness illness continuum, and patients across the lifespan, in collaboration with the interprofessional team.

### Rationale for Cultural Competency in Nursing

The rationale for proposing the integration of cultural competence in baccalaureate 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 function in a global environment, and in partnership with other healthcare disciplines (Department of Health and Human Services [DHHS], 2005).

*Disparities in health and health care.* One of America's greatest challenges is reducing the profound disparities in health status. Populations that experience health disparities include racial and ethnic minority groups, socioeconomically disadvantaged groups, and rural populations (National Center for Minority Health Disparities, 2003). Limited resources and educational opportunities, diminished access to quality health care, and unhealthy living conditions, among other restrictions, often result in increased health disparities and contribute to the burden of disease (Anderson et al., 2007).

## ADVANCING HIGHER EDUCATION IN NURSING

In addition to documented health disparities there are also widespread disparities in health care. A landmark report published by the IOM (2002) revealed “a consistent body of research demonstrates significant variation in the rates of medical procedures by race, even when insurance status, income, age, and severity of conditions are comparable.” The IOM report emphasizes health professions’ education as a means to eliminate healthcare disparities. Yet, a critical review of research by Porter and Barbee (2004) revealed that there is little to no content that addresses issues of racism and discrimination in nursing education. A curriculum that increases awareness about health and health care disparities and develops skills and knowledge to work toward the elimination of racial and ethnic disparities in health care is needed.

*Social justice.* As a profession, nursing is committed to providing safe, quality care to all, congruent with the tenets of social justice and human rights. Social justice suggests that people everywhere have access to a just share of the benefits of society and fair treatment. Nurses deal with vulnerable individuals who lack basic rights, freedoms, or access to health care, or who have been exposed to a disproportionate share of health risks within society (Universal Declaration of Human Rights, United Nations 1948). Providing culturally competent care to vulnerable populations is a moral mandate, congruent with a social justice and human rights orientation. Nurses are uniquely positioned to make a difference in outcomes for vulnerable populations.

*Globalization.* From a health perspective, nurses are expected to respond to global infectious disease epidemics and increasing rates of chronic disease. The expectation that nurses provide effective care across varied population groups accentuates the need for attainment of cultural competency by baccalaureate nursing graduates.

### **Assumptions about Education of Baccalaureate Prepared Nurses to Attain Cultural Competence**

As a foundation for cultural competency in baccalaureate nursing education, the following assumptions have guided this effort:

1. Liberal education for nurses provides a foundation of intellectual skills and capacities for learning and working with diverse populations and contexts.
2. Faculty with requisite attitudes, knowledge, and skills can develop relevant culturally diverse learning experiences.
3. Development of cultural competence in students and faculty occurs best in environments supportive of diversity and facilitated by guided experiences with diversity.
4. Cultural competence is grounded in the appreciation of the profound influence of culture in people’s lives, and the commitment to minimize the negative responses of healthcare providers to these differences (Paasche-Orlow, 2004).

5. Cultural competence results in improved measurable outcomes, which includes the perspectives of those served.

### **End-of-Program Cultural Competencies for Baccalaureate Nursing Education**

Consistent with *The Essentials of Baccalaureate Education for Professional Nursing Practice*, five competencies have been developed to encompass the key elements considered essential for baccalaureate nursing graduates to provide culturally competent care in partnership with the interprofessional team. These competencies are not exhaustive, but serve as a framework for integrating suggested content and learning experiences into existing curricula.

#### ***Competency 1: Apply knowledge of social and cultural factors that affect nursing and health care across multiple contexts***

##### *Rationale*

This competency is important to baccalaureate nurses because understanding and applying knowledge about patient's value systems, beliefs, and practices relevant to health and illness, affect nursing care and practice. Nurses should have increased awareness of historical, political, and socioeconomic factors that determine health and disease in patient populations. The baccalaureate program prepares the graduate to:

1. demonstrate an understanding of culture and cultural competence in practice;
2. compare similarities and differences in values, beliefs, and practices among and within diverse populations;
3. explain the relationships among cultural, physiological, ecological, pharmacologic, and genetic factors, and
4. integrate social and cultural assessment data (including language and health literacy) in planning, implementing and evaluating care.

Content may include:

- acculturation, assimilation, and enculturation;
- cultural as well as social determinants;
- cultural awareness, cultural sensitivity, and cultural competence;
- cultural self-awareness;
- health disparity as well as healthcare disparity;
- health literacy and linguistic competence;
- population as well as population health;
- population based health disparities; and
- patient culture as well as healthcare provider culture as well as organizational culture

### *Examples of Integrative Learning Strategies*

- critique case studies that include examples of key concepts and terms
- present selected theories, models, and approaches to cultural assessment
- compare and contrast dominant cultural characteristics for selected patients, families, and groups
- create cultural care plans for patients and families from a variety of cultures and across the life span
- discuss students' cultural self-awareness
- invite people from the community to tell their cultural stories
- identify population-based health and healthcare disparities
- discuss the document "Culturally and Linguistically Appropriate Standards"
- discuss *Hospitals, Language and Culture: A Snapshot of the Nation*, a report from the Joint Commission on Accreditation of Healthcare Organizations

### ***Competency 2: Use relevant data sources and best evidence in providing culturally competent care***

#### *Rationale*

This competency is important to baccalaureate nurses because using relevant data sources and best evidence are vital in providing culturally competent care. While there are critical gaps in the quality and quantity of relevant data, nurses must be cognizant of sources of evidence (e.g., research studies, community, and traditional knowledge) and be able to critically analyze it to design appropriate care. The baccalaureate program prepares the graduate to:

1. critique existing research and knowledge sources to determine its relevance and applicability to diverse groups;
2. integrate best evidence and patient perspectives in planning care;
3. facilitate access to data resources and services to provide culturally competent care;
4. participate in the collection, documentation, and use of cultural and social data in the planning, delivery, and evaluation of care; and
5. advocate for the protection of vulnerable populations in human subjects research.

Content may include:

- practice standards and evidence-based guidelines;
- position statements and research agendas;
- ethical guidelines and standards for the conduct of research (NIH, institutional IRB);
- guidelines for the critique and conduct of research with racial/ethnic populations
- research process;
- methods for evaluating related health research as it applies to vulnerable populations;

- ethical conduct of research and scholarship; and
- locating and evaluating multiple sources of evidence.

*Examples of Integrative Learning Strategies*

- conduct cultural assessments
- conduct community assessments in diverse communities
- complete human subjects training
- incorporate research studies from racial and ethnic specific research journals (e.g., *Journal of the National Black Nurses Association*, *Hispanic Health Care International*, *Journal of the National Medical Association*, *Journal of Transcultural Nursing*)
- discuss systematic reviews of research
- evaluate sources of knowledge and information
- identify and evaluate sources of evidence

***Competency 3: Promote achievement of safe and quality outcomes of care for diverse populations***

*Rationale*

This competency is important to baccalaureate nurses because of existing disparities in access provision to quality care and health outcomes across population groups. Graduates should be able to use appropriate standards of care, initiate basic quality and safety investigations, and assist in developing quality improvement plans and monitoring outcomes of care. Positive health outcomes for diverse populations are achieved by care that is grounded in collaborative partnerships between members of the interprofessional team, patients and families. The baccalaureate program prepares the graduate to:

1. advocate for effective resources to facilitate cross-cultural communication for patients with limited English proficiency (LEP) and health literacy;
2. participate in providing leadership to interprofessional teams to minimize and prevent health disparities and to achieve culturally competent programs and services;
3. recognize quality and patient safety as complex system issues that involve patients and members of the healthcare team; and
4. collaborate with patients and families to identify mutually agreed upon goals and outcomes of care.

Content may include:

- cross-cultural communication;
- cultural conflict management;
- language interpretation and translation;
- teaching and learning principles;
- cultural safety;
- pharmacotherapeutics and cultural diversity;

- alternative and complementary therapy;
- cultural and folk healers;
- participatory decision-making;
- cultural brokering, negotiation, accommodation;
- patient navigators;
- workforce diversity;
- leadership and change; and
- quality improvement.

#### *Examples of Integrative Learning Strategies*

- interview and provide health assessment of culturally diverse patients
- design a health teaching plan for culturally diverse patients
- assess organizational and community resources appropriate for patients' needs
- care for patients with limited English proficiency (LEP) and health literacy
- work with translators and interpreters in actual patient care situations
- critique brochures, documents, and videos for cultural competence
- visit a botanica, bodega, ethnic grocery store, ethnic restaurant
- observe an espiritista, acupuncturist, herbalist, or other folk practitioner
- research herb-drug effects, food-drug effects, pharmacological effects of drugs on specific groups of patients
- assess communication, caring, and leadership styles of diverse staff
- assist in implementation of quality improvement specific to diverse patient groups

#### ***Competency 4: Advocate for social justice, including commitment to the health of vulnerable populations and the elimination of health disparities***

##### *Rationale*

This competency is important to baccalaureate nurses because they work collaboratively with patients, families, and the interprofessional team to eliminate health inequalities and discriminatory healthcare practices and assure an environment supportive of health for all. Cultural competence involves understanding different perspectives of vulnerability and discrimination, and responding to patient-perceived needs for all forms of nursing care. The baccalaureate program prepares the graduate to:

1. recognize the historic and contemporary implications of public policies and discrimination affecting health, healthcare systems, and use of healthcare services by racial, ethnic, and other vulnerable groups;
2. recognize and report individual and institutional discrimination practices, unequal treatment practices, breaches of patients' human and civil rights, or violations of respect for patient autonomy to appropriate authorities;
3. demonstrate leadership in addressing behavior that is insensitive, lacks cultural understanding, or reflects prejudice in order to improve adherence to professional standards of respect and civility; and

4. demonstrate cultural competence in ethical decisions about care delivery.

Content may include:

- history of discriminatory treatment of population groups in health research and health care;
- contemporary public policy proposals (e.g., immigration, welfare reform, early childhood education, food distribution to women and children, incarceration, poverty initiatives) and their effects on the health of populations;
- legal and policy requirements for the humane care of patients; and
- nurse decision-making from among a range of actions that could be undertaken when requirements for the humane care of patients are breached.

#### *Examples of Integrative Learning Strategies*

- diagram the appropriate chain of reporting procedures for violation of patients' rights to include reporting to regulators, lawmakers, and enforcement agencies responsible for the full and consistent implementation of policies to protect patients
- compare and contrast examples of behavior by healthcare team members that are appropriate, respectful, and inclusive; and behavior that is insensitive, lacks cultural understanding, or reflects prejudice, and discuss how the nurse can intervene in interpersonal and interprofessional situations to improve adherence to professional standards of respect and civility
- present case studies illustrating an existing practice in clinical care that contains elements of discrimination, unequal treatment practices, breaches of patients' human and civil rights, or violations of respect for patient autonomy and conclude with recommendations for advocacy
- debate the impact of current health and social policy legislation on the health of populations
- become involved in the legislative process and public policy formation by reviewing a proposed bill and taking and supporting a position (i.e. through writing an editorial or letter or visiting an elected official)

#### ***Competency 5: Participates in continuous cultural competence development.***

##### *Rationale*

This competency is important to baccalaureate nurses because becoming culturally competent is an active progression of learning and practicing, which evolves over time requiring a lifelong commitment. Changing attitudes and values that support ongoing cultural competence development to provide acceptable cultural care is achieved by acquiring a foundation, which include awareness and knowledge about differences in values in beliefs that can influence practice skills. The baccalaureate program prepares the graduate to:

1. engage in ongoing self-reflection of own behaviors toward diverse patients and other members of the interprofessional team;
2. articulate the value of pursuing lifelong learning about different cultures to foster professional growth and development and provide culturally competent health care; and
3. engage in a variety of activities to develop understanding of cultural differences and similarities about health and healthcare to improve ability to work with diverse and vulnerable populations.

Content may include:

- development of worldviews;
- stereotypes and biases about racial, ethnic, religious, and other social groups (i.e., disabilities, lower socioeconomic groups, age, gender, sexual orientation, etc.);
- ethnocentrism, discrimination, and racism in health care settings;
- glossary or cultural definitions of stereotyping, ethnocentrism, discrimination, and racism;
- differences in values and beliefs regarding health and illness;
- cultural differences and similarities in attitudes, values, and expectations (include major groups and other social groups) for health care;
- perceptions by cultural groups about health care providers and health institutions; and
- cultural imposition in health care.

#### *Examples of Integrative Learning Strategies*

- conduct self-awareness assessments with focus on identifying one's own biases and prejudices
- review journals to conduct self-reflection exercises about values and prejudices
- share in pairs or in a group about incidents when of stereotyping, discrimination, and racism were experienced (by the student) and it's effect on one's feelings.
- discuss patient case studies/vignettes that bring to light stereotyping, ethnocentrism, discrimination, and racism.
- conduct presentations of incidences of when cultural groups have been discriminated against.
- participate in role-play situations of stereotyping, racism, discrimination, etc. in health care situations.
- attend lectures/presentations by experts or community members from cultural groups to become aware of values.
- participate in a cultural immersion experience.
- participate in community projects involving community members, i.e., health fairs, community forums/meetings, etc. to understand concerns values and beliefs about health care; and
- participate or attend cultural celebrations or religious ceremonies to understand foundation of values.

## **Summary**

This document provides the framework for the integration of cultural competence in baccalaureate nursing education. The assumptions on education for cultural competence were the foundation for the five essential competencies that are operationalized by teaching content and learning strategies. A learning tool kit with resources and additional learning strategies is provided to assist nursing faculty and administrators.

## **Recommendations**

In addition to curricular implementation, fostering a learning environment that supports cultural competence development of faculty and students is imperative to successful implementation. The following recommendations are provided:

1. Foster organizational commitment and leadership by:
  - creating structure and processes for implementation;
  - allocating resources for faculty and program development;
  - articulating the program emphasis to students, faculty, and the broader community;
  - developing collaborative relationships to recruit and improve graduation rates of diverse students;
  - instituting a foreign language requirement for nursing students; and
  - establishing an evaluation plan for measuring outcomes of the five program competencies.
  
2. Promote faculty commitment and involvement by
  - participating in ongoing development;
  - mentoring colleagues and students;
  - providing guided clinical experiences for students; and
  - recruiting diverse faculty and students.

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**Professional Organizations that Participated in Reviewing and Endorsing Competencies (Endorsements due July 16, 2008)**

American Association of Critical Care Nurses (AACN)

American Nurses Association (ANA)

American Psychological Nurses Association (APNA): Board of Directors and African American Council

Asian American/Pacific Islander Nurses Association

Hospice and Palliative Nurses Association (HPNA)

National Association of Hispanic Nurses

National Coalition of Ethnic Minority Nursing Associations, Inc. (NCEMNA)

National Council of State Boards of Nursing (NCSBN)

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