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Review article

The potential use of conceptual models of cultural competence in the nursing profession

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ABSTRACT

The study focuses on the potential use of conceptual models of cultural competences in the nursing profession.

The research was designed as a summary study and based on content analysis of studies published within the scientific databases EBSCOhost, PubMed and Scopus, by using the key words: cultural competence, model and nursing.

The study points out the influence of globalization as a spontaneous uncontrolled process of integration of countries around the world in a single system, and the subsequent need for cultural competence. The most frequently cited cultural competences are knowledge, skills, attitudes, the ability to react in a kind and efficient manner to people from all cultures, recognition, respect and responsibility, provision of qualified care and the long-term process of self-education. The conceptual models presented in this article and characterized by cultural competence include the Great Theory of Nursing by Madeleine Leininger, the model of Irena Papadopoulus, Mary Tilki and Gina Taylor of the development of cultural competence, the model of development of cultural competence by Josepha Campinha-Bacote, and the model of cultural competences by Larry D. Purnell.

The results showed that cultural competence constitutes an indispensable component of the modern nursing profession in connection with transcultural nursing. The analysis of the published works pointed out that the above stated models are essential for the field of nursing.

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Introduction

Cultural competence can be defined by countless expressions as culture itself [1]. There is no unique definition of cultural competence, which is primarily due to the multidimensional

view on this issue [2]. Janík's definition [3] says it is primarily the competence of skilled cultural care or a multifunctional ability of a person to function in a certain way; it is defined as a scope of activity, a complex of activities and authorization. Among the concepts that interact with cultural skills Plevová et al. [4] mention in particular knowledge, skills, experiences,

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attitudes, values and personality characteristics of the person or disposition. In transcultural nursing, cultural competence means learning new behaviours and their subsequent effective implementation in practice [5]. Sue et al. [6] reported three components of transcultural competence, which should serve to improve the quality of care. They defined them as awareness, knowledge and skills. Also Tóthová et al. [7] and Trešlová and Pekara [8] emphasize the need for the command of the skills mentioned. Being culturally competent enables nurses to respect cultural diversity and customize their behaviour. Josepha Campinha-Bacote, the author of the model of culturally competent care, defined in her book [9] the achievement of cultural competence as a process in which the nurse is constantly striving to understand the cultural context of the patient, including all the phenomena that surround him or her. In contrast, Leininger [10] presented cultural competence as a specific term, which belongs to transcultural nursing and includes a plethora of skills and abilities. Purnell and Paulanka [11] specify the definition of cultural competence as further development of the ability to adapt nursing care to patients. They point to the philosophy of focusing on the very existence of man and his way of thinking and behaviour. They draw attention to the fact that there must be a conscious process, in order to provide the appropriate cultural competence required. Like other authors, they also point out the importance of developing awareness of the own existence of oneself, demonstrating knowledge, understanding the culture of the patient, respecting cultural differences and particularly the adaptation of nursing care to the patient's culture. Anastasiadou [12] describes the importance of acquiring cultural competence, which he puts to the forefront of the nursing profession together with conceptual models.

Among the models of cultural appreciation also belongs the cultural competency model, created by Larry D. Purnell. The inclusion of transcultural nursing in nursing education in many countries is a response to the increasing number of foreigners in these countries. The goal of education is to provide culturally competent and qualified nursing [4].

For the evaluation of cultural data transcultural models that form the theoretical basis for transcultural nursing were created. The founder and leading figure of transcultural nursing is an American professor, Madeleine Leininger, who created the theory of culturally diverse and universal care [13]. She calls the model of the theory of trans-cultural nursing "the rising sun", which forms the conceptual framework for research and education. The model consists of three basic components: a cultural and social structure dimension, care system, and types of care. For her achievements she was nominated for the Nobel Prize for discoveries and advances in medical disciplines [14].

This initial model was later followed by Joyce Newman Giger and Ruth Davidhizar [15], who are the authors of the transcultural model of nursing assessment – a model of culturally respectful and tailored care, the main component of which is a culturally distinctive individual who is surrounded by 6 phenomena – communication, space, social inclusion, the concept of time, the influence of environment and education, and biological differences [16].

To implement the cultural assessment we can also use Purnell's model of the acquisition of cultural competence,

which is represented by a circle and remote edges that represent society, communities, families and individuals [17]. The inner circle consists of 12 domains, which represent cultural areas and their concepts. The individual domains include communication, family – its role and organization, employment, bio-cultural ecology, high-risk behaviour, nutrition, pregnancy and parental practices, rituals associated with death, spirituality, medical practices and health care providers [18].

The aim of this paper was to explore the possibility of using conceptual models of cultural competence in the nursing profession.

Materials and methods

The paper was elaborated by means of a review study. For data collection we used content analysis of studies published in scientific databases. For data collection we used scientific EBSCOhost database, PubMed and Scopus. Searching the database was carried out through predetermined key words: cultural competence, model and nursing. The first database searched was the EBSCOhost database. Entering the following set of words – conceptual model of cultural competence in nursing, we gained 295,400 studies. Due to a large amount of resources we use Boolean operator "AND"; this time we discovered 79 studies (cultural competence model "AND" in nursing). In the next phase of the search the number of studies was reduced in accordance with the predetermined criteria, which were studies published from the year 2000 to the present day and full-text or full versions of published articles. The source type was academic journals. After removing 4 duplicate entries, we had a research sample of 22 studies, which became the subject of our detailed analysis. The acquired studies were thoroughly translated and subsequently coded in order to map all the phenomena related to the issue of cultural competence within transcultural nursing. Significant phenomena that were discovered were used and subsequently compared as necessary. Marginal phenomena were not used in order to preserve the maximum quality of the article. Other additional information was sought through an analysis of domestic and foreign monographs on the issues presented.

Results

Assessment of cultural competence

Based on the analysis of the presented studies, it can be concluded that cultural competence is the main factor of culturally diverse care and therefore an indispensable part of the modern nursing profession. Cultural competence has been discussed by many major studies that analyse the tools for the assessment of cultural competence [19]. Professor Wells from Georgia conducted research [20] that concerns nurses who can play an important role in improving the health of culturally diverse groups. His research focused mainly on cultural incapability, knowledge, awareness, sensitivity and competence.

The area of cultural competence was also studied in Australia, in an institution for the health of mothers and

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