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A concept analysis of cultural competence

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ABSTRACT

Objectives: To clarify the meaning and reduce ambiguities of the concept cultural competence, and promote consistency in using the concept in nursing dialog, research, and practice.

Method: Using Walker and Avant's method of concept analysis.

Results: Cultural competence is the gradually developed capacity of nurses to provide safe and quality healthcare to clients of different cultural backgrounds. Its defining attributes are cultural awareness, cultural sensitivity, cultural knowledge, cultural skill, and dynamic process. Antecedents are cultural diversity, cultural encounter, and cultural desire. Consequences involve three beneficiaries, as follows: clients, nurses, and healthcare organizations. Empirical referents are primarily consisted in self-reported tools.

Conclusions: The understanding of cultural competence of nurses that emerged in this concept analysis will contribute to the development of a rigorous design of instruments or research.

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1. Introduction

With the integration of global economy, the number of clients from various cultural backgrounds with different health related attributes, cultural practices, healthcare needs, and expectations increased in all the industrialized countries. Therefore, cultural competence, which is the ability to respond to cultural diversity inside healthcare systems, is highly expected [1]. Nurses, who form the largest groups of healthcare workforce and who work in most locations where healthcare is provided, must possess cultural competence to ensure safe and quality nursing service.

However, the meaning of cultural competence is ambiguous in the literature [2,3]. The terms “culture” and

“competence”, which are derived from the concept, are complex ideas without consensus on either term. Inconsistencies and debates exist on the conceptual understanding of cultural competence in the literature. The terminologies in this area, including cultural competence, cultural safety, cross-cultural competence, or transcultural nursing, are also used interchangeably or as personal preference because of the lack of clear definitions [2].

In pursuing culturally competent care, difficulties were recognized and experienced by clinicians and researchers in healthcare systems [4,5]. For example, when a research tool is designed to evaluate current practice or when strategies are planned, the ambiguous understanding of cultural competence acts as the main barrier in achieving culturally

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competent care. Thus, further clarification of cultural competence is essential for related nursing dialog, research, and practice. This concept analysis aimed to clarify the definition of cultural competence to help develop future research tools and improve communication in this area.

2. Method

English articles from 2000 to 2015 were searched through CINAHL, Medline, and EBSCO databases using “cultural competence” or “culturally competent care” and “nursing” as keywords. Disciplines, including nursing, medicine, education, psychology, sociology, and other related fields were examined. Relevant references were included. Articles were selected according to whether the concept of cultural competence was defined or described and whether dimensions of cultural competence were discussed. Key works from reference lists of selected articles were also included. For particularly eloquent authors, a maximum of two papers from each author was set to avoid excessive personal influence. A total of 45 articles were used for this concept analysis.

The eight-step method proposed by Walker and Avant, which requires researchers to “select a concept, determine the aims of analysis, identify uses of the concept, determine the defining attributes, identify model case, identify additional cases, identify antecedents and consequences, and define empirical referents” (p.65) [6], was used in this paper.

3. Results

3.1. The origin of the concept

Although the term cultural competence was first mentioned in the article by Cross and her colleagues in 1989 [7], Dr. Madeleine Leininger, a nurse theorist, was the first individual to coin this term. She proposed the anthropological concept of culture in nursing in her book, *Nursing and Anthropology: Two Worlds to Blend*, and rendered culturally congruent care, which was the original term of culturally competent care [8].

“Cultural” is the adjectival of culture, referring to things related to culture. Culture is a specific individual or group's beliefs, values, norms, and lifeways that can be shared, learned, and transmitted; it influences people's thinking, decisions, and behaviors in their everyday life [1]. The culture of clients involves far more than ethnicity or race. Determinants, such as age, gender, education, religion, socioeconomic status, geographic region, and occupation, should also be considered [9,10]. The term “competence” is an individual's ability to perform a job [11]. In nursing, competence can be defined as the level of performance embodied in effective application of attitudes, knowledge, skills, and judgments [12].

Applications and discussions associated with cultural competence are noted throughout the literature in nursing, medicine, education, social services, and psychology. Cultural competence originated from the healthcare industry because healthcare delivery without cultural competence would directly influence health outcomes, which may lead to fatal consequences [13]. Therefore, most definitions of cultural

competence are more or less related to nursing or medicine. In nursing, cultural competence has been studied since the late 1980s as cultural diversity among the American population became a crucial concern.

3.2. Uses of the concept

Cultural competence was first officially described as a set of congruent attitudes, knowledge and behaviors of professionals that enables effective work in cross-cultural situations [7]. The Office of Minority Health in America included the words “policies,” “system,” and “agency” to understand cultural competence and described it as a set of congruent attitudes and behaviors of individual professionals and policies inside a system or agency that facilitates effective work in cross-cultural situations [14]. With this definition, cultural competence is an umbrella term that involves individual-level concerns of attitudes or behaviors, as well as organizational or systemic-level concerns of policies or procedures.

Some authors also described cultural competence as “the ability” of healthcare professionals to provide legitimate, effective and respectful service to people based on the understanding of similarities and differences between or among diverse cultural groups [1,4,15]. This ability requires the operationalization of detailed knowledge and awareness to be integrated into appropriate interventions that address healthcare problems experienced by culturally diverse populations. With this ability, healthcare professionals can emphasize the cultural background and experience of each client. Thus, each client would be treated as a unique individual to achieve client-centered and satisfactory service.

Furthermore, cultural competence is depicted as an “ongoing process” of healthcare professionals to prepare themselves with specific awareness, knowledge and skills to work effectively with diverse cultural groups [16–18]. This process can be understood as a life-long learning journey through consistent encounters with diverse clients in practice. Learnings can be implemented in healthcare delivery to optimally meet health-related demands. The National Center for Cultural Competence in America pointed out that for individual professionals and organizations, this process is a non-linear continuum that involves levels from cultural destructiveness, incapacity, blindness, pre-competence, competence, to proficiency [19]. Thus, cultural competence is a dynamic rather than a static destination.

The definitions in the literature verified that cultural competence is difficult to define in simple terms. The importance of cultural competence for nurses was highlighted in this concept analysis. Cultural competence was therefore defined as the gradually developed capacity of nurses to provide safe and quality healthcare to clients with different cultural backgrounds. As discussed above, cultural background in this tentative definition is determined by variants, such as age, gender, race, ethnicity, religion, education, socioeconomic status, geographic region, and occupation [9,10].

3.3. Related concepts

Related concepts are terms that are similar to cultural competence but with subtle differences under close examination [6].

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