PROMOTING CULTURAL COMPETENCE IN NURSING

CNA POSITION

Culture refers to the processes that happen between individuals and groups within organizations and society, and that confer meaning and significance.[1] CNA believes that cultural competence is an entry-to-practice level competence for registered nurses.[2] CNA believes that cultural competence is the application of knowledge, skills, attitudes or personal attributes required by nurses to maximize respectful relationships with diverse populations of clients[3] and co-workers. "Underlying values for cultural competence are inclusivity, respect, valuing differences, equity and commitment."[4]

CNA believes that cultural competence is "a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals, and enables…[them] to work effectively in cross-cultural situations."[5] It is a component of quality practice environments that leads to improved health outcomes for clients, nurses and systems. Practice environments that are conducive to safety and quality reflect cultural diversity.[6]

Cultural diversity is the variation of cultural factors between people.[7] It "does not simply refer to difference but rather implies difference from the majority, which is assumed to be the norm."[8] Successfully integrating cultural diversity requires an atmosphere of "acceptance and respect"[9] as it can be a "catalyst for generating new ideas, knowledge, partnerships, productivity, and creativity."[10]

CNA recognizes that cultural issues are intertwined with socio-economic and political issues and is committed to social justice as central to the social mandate of nursing. CNA believes that in every domain of practice, nurses must not discriminate on the basis of a person's culture.

Cultural safety is both a process and an outcome whose goal is to promote greater equity. It focuses on root causes of "power imbalances and inequitable social relationships in health care."[11] Cultural safety "includes cultural awareness, cultural sensitivity and cultural competence."[12] CNA considers cultural competence and cultural safety

[1] (Varcoe & Rodney, 2009, p. 141)

[2] (Aboriginal Nurses Association of Canada [ANAC], Canadian Association of Schools of Nursing [CASN] & Canadian Nurses Association [CNA], 2009; CNA, 2010a; Registered Nurses' Association of Ontario [RNAO], 2007; World Health Organization, 2009)

[3] *Clients* may be individuals, families, groups or populations.

[4] (RNAO, 2007, p. 19)

[5] Ibid, p. 70.

[6] Ibid.

[7] Ibid.

[8] (Srivastava, 2007, p. 13)

[9] (International Council of Nurses, 2007, p. 2)

[10] (College of Registered Nurses of Nova Scotia, 2006, p. 1)

[11] (ANAC, CASN & CNA, 2009; Kirkham & Browne, 2006, as cited in Browne et al., 2009, p. 168)

[12] (RNAO, 2007, p. 70)

as prerequisites to working effectively in global health. CNA welcomes further research on cultural safety in the Canadian health-care context.

CNA believes that the responsibility of supporting cultural competence is shared among individual nurses, employers, educators, professional associations, regulatory bodies, unions, accreditation organizations, government and the public.

RESPONSIBILITIES

Individual nurses in all domains of nursing practice are responsible and accountable for acquiring and incorporating cultural competencies in relationships with clients and co-workers.

Employers are responsible for creating environments that value diversity. They are responsible for organizing and evaluating physical and psychological structures/systems that support and promote cultural awareness, sensitivity and safety.

Educators are responsible for integrating concepts of cultural competence and diversity into curricula. They are responsible for promoting cultural competence within the faculty and the student populations.

Regulatory bodies are responsible for establishing standards and guidelines that promote cultural competence. Professional associations are responsible for advocating for cultural competence. Both regulatory bodies and professional associations are responsible for demonstrating cultural competence in their relationships with their registrants or members.

Nurses unions are responsible for promoting concepts of culture and diversity within their membership and health-care workplaces. They provide representation under collective agreements and/or legislation related to many forms of discrimination, and promote cultural competence through the work of human rights and diversity committees.

Accreditation organizations are responsible for developing and implementing indicators for valuing diversity and the provision of culturally competent care within health-care organizations.

Governments are responsible for:

- fostering a climate of acceptance;
- enacting legislation to protect individuals' human and cultural rights;[13]
- ensuring that health-care organizations provide culturally competent care; and
- providing funding to provide culturally competent and safe care and to conduct research related to diversity in the health-care workplace.

Individuals are responsible for choosing what information they share with health-care providers (e.g., beliefs, values, behaviours) that will impact their health care.

[13] (Office of the United Nations High Commissioner for Human Rights, 1966)

BACKGROUND

Canada's cultural diversity is growing. "Data from the 2006 Census is clear: the Canadian population is increasingly diverse and according to Statistics Canada projections, the racial, ethnic, linguistic, and religious diversity of the country will continue to increase. These changes present new challenges to government institutions as the needs of Canadians also change with the diverse population."[14]

In 2008, 8.4% of Canada's nursing workforce graduated from an international nursing program. British Columbia and Ontario have the highest percentages of internationally educated registered nurses at 15.8% and 12.3%, respectively, and New Brunswick and Newfoundland and Labrador have the smallest with both at 1.5%.[15] Anecdotal evidence suggests that the face of Canada's nursing workforce does not reflect the diversity of the population it serves.[16] Nurses' organizations strive for nursing human resource plans that reflect cultural diversity and demographics.

While cultural competence is an important concept, it can sometimes overlook systemic barriers, which make it inadequate to fully address health-care inequities. Cultural safety, however, "promotes greater equity in health and health care…[as it addresses the] root causes of health inequities."[17]

"Cultural safety is a relatively new concept that has emerged in the New Zealand nursing context."[18] It is predicated on understanding power differentials inherent in health service delivery and redressing these inequities through educational processes. "Cultural safety will continue to hold value for nursing practice, research, and education when used to emphasize critical self-reflection, critique of structures, discourses, power relations, and assumptions, and because of its attachment to a social justice agenda."[19] It "could be an important means by which equity and social justice might be operationalized."[20] Further research on cultural safety within the Canadian health-care context is welcomed.

Nurses in Canada are well-positioned to promote cultural competence with clients and co-workers. A number of projects, initiatives, studies and guidelines are being developed on local, provincial/territorial, regional and federal levels to recommend ways to promote and embrace cultural competence and safety in nursing. For example, the CNA social justice gauge is one tool to help nurses develop and assess health equity in programs and policies.[21]

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[14] (Citizenship and Immigration Canada, 2010)

[15] (Canadian Institute for Health Information, 2009)

[16] (ICN, 2004)

[17] (CNA, 2010b)

[18] (Browne et al. 2009, p. 167)

[19] Ibid, p. 177.

[20] Ibid, p. 171.

[21] (CNA, in press)

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Also see:

Related CNA document:

Code of Ethics for Registered Nurses (2008)

Related CNA position statements:

Peace and Health (2009)

Providing Nursing Care at the End of Life (2008)

Registered Nurses and Human Rights (2004)

Joint position statement with the Canadian Federation of Nurses Unions:

Practice Environments: Maximizing Client, Nurse and System Outcomes (2006)

Related ICN position statement:

Nurses and Human Rights (2006)

Replaces:

Promoting Culturally Competent Care (2004)

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