

# PROMOTING CULTURAL COMPETENCE IN NURSING

## CNA POSITION

- ▶ In every domain of practice, nurses have a professional and ethical responsibility to respect and be mindful of the culture of each person during every encounter.
- ▶ Nurses have an obligation to respect and value each person's individual culture and consider how culture may impact an individual's experience of health care and the health-care system.
- ▶ Cultural competence should be an entry-to-practice level requirement, with ongoing professional development for all nurses.
- ▶ Support for cultural competence is a shared commitment among individual nurses, Indigenous leaders and organizations, employers, educators, professional associations, regulatory bodies, unions, accreditation organizations, governments and the public.
- ▶ The client participating in the professional encounter or relationship with the nurse determines if it is culturally appropriate or not.

## CNA BELIEFS

CNA recognizes that culture is intertwined with socio-economic and political issues and we are committed to social justice as central to nursing (Canadian Nurses Association [CNA], 2010).

CNA believes that cultural competence promotes cultural safety. We further believe that addressing health inequities contributes to cultural safety. The Canadian Indigenous Nurses Association (CINA), through consultative processes, has further articulated the need for health-care practitioners, including nurses, to practise from a place of cultural safety. "Cultural safety takes us beyond competence and acknowledgement of difference. It surpasses cultural sensitivity, which recognizes the importance of respecting difference. Cultural safety helps us to understand the [margins] of cultural competence, which focuses on the skills, knowledge and attitudes of practitioners. Cultural safety is predicated on the understanding of power differentials inherent in health service delivery and redressing these inequities through educational processes" (CINA, 2011, p. 2). This statement supports the principle that cultural competence and safety are both integral parts of providing high-quality, safe and equitable

nursing care. Nurses in Canada work across sectors, build infrastructure, develop community partnerships and champion transformational change to reduce these inequities.

CNA believes that socioeconomic conditions trigger many health inequities and require nurses and others to pay attention to social policies that affect health. The work to reduce health inequities explicitly identifies and systematically addresses the root causes of unjust health outcomes, including oppression (e.g., racism and discrimination) and powerlessness.

CNA believes that nurses are ideally positioned to play a leadership role in fostering interdisciplinary collaboration, advocacy, political involvement, and community partnerships. Such activities can improve the health of communities that have been historically disadvantaged. Nurses can therefore act as highly effective health-care and public health advocates due to their intimate knowledge of the upstream approach to health equity.

## BACKGROUND

### Canadian health and inequities

There are massive health inequities that can occur within many different vulnerable populations. Therefore, “recognition of cultural diversity coupled with analysis of the structural sources of inequality offers us the best way to understand and redress the inequities and injustices that are ignored, or even aggravated, by culturally-blind health care” (Kirmayer, 2012, p. 155). For example, in Canada, 235,000 Canadians experience homelessness each year (Raising the Roof, n.d.). Currently, one in seven Canadians lives in poverty, with precarious work on the rise. People with disabilities are twice as likely to live below the poverty line (Canada Without Poverty, n.d.).

In Canada, the right to health care is part of the country’s social values upheld by principles of social justice (CNA, 2010). This focus on foundational social justice comes in part from the Universal Declaration of Human Rights, which supports all people having a right to dignity and freedom, without discrimination (UN General Assembly, 1948). This is also clearly outlined in the *Code of Ethics for Registered Nurses*: “ethical nursing practice addresses broad aspects of social justice that are associated with health and well-being” (CNA, 2017, p. 18).

### Culture

Culture refers to “a specific individual’s beliefs, values, norms, and lifeways that can be shared, learned, and transmitted; it influences people’s thinking, decisions, and behaviours in their everyday life” (Cai, 2016, p. 269). Culture is understood as a “complex, shifting, relational process” that changes over time and is influenced by “our history, our experiences, our social, professional, and gendered location, and our perceptions of how we are viewed by others in society” (Browne & Varcoe, 2006, p. 162). “Culture must be considered in historical, social, political, and economic contexts” (Garneau & Pepin, 2015, p. 10). Culture is not limited to a person’s ethnicity or race and can change over time; it can also “assume many forms in society — such as age, gender, sexual orientation or socioeconomic status” (Blanchet Garneau & Pepin, 2015, p. 10).

## **Cultural competence**

Cultural competence is the ability of nurses to self-reflect on their own cultural values and how these impact the way they provide care. It includes each nurse's ability to assess and respect the values, attitudes, and beliefs of persons from other cultures and respond appropriately in planning, implementing, and evaluating a plan of care that incorporates health-related beliefs and cultural values, knowledge of disease incidence and prevalence, and treatment efficacy (Lavizzo-Mourey & Mackenzie, 1996).

Cultural competence is "the gradually developed capacity of nurses to provide safe and quality healthcare to clients with different cultural backgrounds" (Cai, 2016, p. 272). It is a complex process that is grounded in a nurse's own actions and critical reflection. Cultural competence is something "the healthcare professional draws upon to provide culturally safe, congruent, and effective care in partnership with individuals, families, and communities living health experiences, and which takes into account the social and political dimensions of care" (Blanchet Garneau & Pepin, 2015, p. 12).

Cultural competence is a lifelong process that is gained through a "non-linear continuum that involves levels from cultural destructiveness, incapacity, blindness, pre-competence, competence, to proficiency" (Cai, 2016, p. 269).

The antecedents of cultural competence include encounters with cultural diversity that are grounded in humility (Cai, 2016; Campinha-Bacote, 2011). Cultural humility is a lifelong process of self-reflection and self-critique to understand personal biases and to develop and maintain mutually respectful partnerships based on mutual trust. Cultural competence in health care relies on the practitioner's adaptability and flexibility when working with diverse cultures. Nurses and other health-care workers can cross the communication gap by drawing on their cultural knowledge and by being sensitive and respectful (Renzaho, Romios, Crock, & Sønderslund, 2013). Cultural competence benefits clients, nurses and organizations (Cai, 2016). While cultural sensitivity denotes accommodation of difference, nurses must go beyond accommodation to meaningfully engage with their own cultural assumptions in relation to patients and colleagues of diverse cultures (Etowa, 2015).

## **Canada's history**

Cultural diversity has played a formative part in Canada's history. Originally inhabited by Indigenous Peoples, Canada has become a country of newcomers. The Immigration and Refugee Protection Act, Multiculturalism Act, and the Charter of Rights and Freedoms have protected and encouraged freedom of cultural expression, making Canada the most diverse country of the G8.

Canada is home to over 650 Indigenous communities, each possessing their own cultural principles and ways of knowing. Paternalistic government relations and historical legacies, including the residential school system, have influenced the core of Indigenous identity and negatively impacted experiences with the health-care system and Canada as a whole. The Truth and Reconciliation Commission and the process underway with the Indigenous Peoples of

Canada marks an unprecedented moment in Canada's history, particularly the movement to improve relations through the commission's 94 "calls to action," of which 18-24 are specific to health.

### **Cultural safety and diversity**

Cultural safety is the goal and outcome of practising in a culturally competent environment. The term "cultural safety" was first coined within the context of Indigenous health and addresses the issue of social injustice and unequal power relations. Indigenous clients in health systems face higher risks of racism. One-third of First Nations people in Canada experienced an instance of racism in the last 12 months and 30-50 per cent of them felt it had a significant impact on their self-esteem (FNIGC Regional Health Survey, 2008/10). Research shows that racism against Indigenous people in the health-care system is so pervasive that people anticipate racism before visiting the emergency department and, in some cases, avoid care altogether (Kurtz et al., 2008; Tang & Browne, 2008; Browne et al., 2011).

Canada's cultural diversity is growing, further underlining the requirement of nurses to practise with cultural competence to promote cultural safety as part of their everyday care. Every year, approximately 235,000 new immigrants arrive in Canada. This number has been steadily increasing since the 1990s (Statistics Canada, 2016).

### **Power differentials in health care**

Cultural competence and safety are based on understanding power differentials inherent in health-care delivery and redressing these inequities through educational processes. The development and maintenance of nurse-client therapeutic relationships shapes the care that each client receives. Nurses are responsible for maintaining professional boundaries within these relationships and must be "sensitive to the inherent power differentials between care providers and persons receiving care" (CNA, 2017, p. 11). This power is measured by a patient's "perceived capacity to influence the decision-making encounter" (Joseph-Williams, Elwyn, & Edwards, 2014, p. 306) and their perceptions of cultural safety within these relationships. To change these power differentials, nurses must first recognize their position of power (Petriwskyj, Gibson, & Webby, 2014). They must be willing to question traditional positions of power to halt the perpetuation of such inequities (Petriwskyj et al., 2014).

This power asymmetry is extremely common to nursing practice as, of all health-care provider groups, nurses are the most closely involved with patients (Dinç & Gastmans, 2012). Patient-centred care uses patient empowerment to move away from the paternalistic model of health care to a model of shared power and responsibility (Gardner & Cribb, 2016). Further to this, the development of trust is essential to offset power differentials and is a central piece of all safe nurse-client relationships (Dinç & Gastmans, 2012). An important dimension of power dynamics often neglected is diversity in the nursing workforce. Effective integration of nurses from various social backgrounds into the Canadian nursing profession is vital to addressing power and difference in positive ways (Etowa, Debs-Ivall & Conners, 2015).

“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” (Browne et al. 2009, p. 177). It “could be an important means by which equity and social justice might be operationalized” (Browne et al. 2009, p. 171).

### **CNA acknowledges the contribution of the writing committee**

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