

# [Literature review on cultural competency essay](https://assignbuster.com/literature-review-on-cultural-competency-essay/)

## Abstract

For a considerable number of years, the nursing environment has been driven by growing evolutions in the field. Of primary importance is the cultural competency issues, as a growing number of patients are demanding culturally competent care based on their diversity. This is particularly the case for countries, such as the U. S., which are showing a considerable growth in populations from diverse ethnic and racial backgrounds. Thus, the paper discusses the issue of cultural competence in the nursing environment, particularly home care nurses. To begin with, the article focuses on health literacy and its influence toward cultural competency. In case the population is literate toward health, it would be possible for nurses to deliver optimal care. Secondly, the paper reveals the nursing faculty has not implemented considerable efforts to support cultural competency. Thirdly, nurses should be accorded sufficient training to facilitate in reducing disparities in health care delivery. Fourthly, emphasis on nursing education would play a crucial role regarding fostering cultural competency among nurses. Fifthly, it is critical to embark on nursing research to come up with practical ways of incorporating cultural competency in the nursing profession. Sixthly, the current institutional constraints should be addressed to handle the challenges community nurses face in delivering adequate care to ethnic minority populations. Lastly, there is a need to integrate cultural competency into the nursing curricula to boost the capacity of nurses in meeting the diverse care needs of patients irrespective of their cultural backgrounds.

Keywords: Nursing, Cultural competency, United States, Nursing education

Literature Review on Cultural Competency

Introduction

For many years, the nursing environment has served as a dynamic entity characterized by constant evolutions. It is changing as well as adapting to the broad stimuli. The changes apparent in societal anticipations and norms, innovative medical treatment discoveries, pharmaceutical treatment breakthroughs, and advancements in a highly complex system have played a role in shaping the present nursing practice. A different trend that has had considerable influence on the nursing practice revolves around the demand by consumers for culturally competent health care in an environment that is increasingly growing diverse as well multicultural. Moreover, the capacity of delivering culturally competent care is becoming increasingly vital for homecare nurses who deal with various high-stresses, and high-acuity settings. Homecare nurses should manage to develop cultural competency for them to remain valid when it comes to establishing patient rapport. They should also have the capacity to develop, assess, as well as institute nursing interventions, which can meet the diverse needs of homecare patients. As the advocates of patients, home care nurses should ensure they support the decisions that the patients or their families male, which might portray cultural perspective that does not match with the typical health care initiatives. In the present society, it is not possible to deliver culturally competent care to all kinds of patients unless the homecare nurses devise a clear comprehension of the varying cultural environments.

Health Literacy versus Cultural Competence

Cultural competence refers to a continuous aimed at understanding the beliefs, values, customs, and traditions of different groups of people. During the last few years, the U. S. has witnessed a considerable growth in ethnically and culturally population, with continued growth in racial groups and ethnic minorities. Similar rises in the case of ethnic minorities have prevailed in diverse European countries. For instance, East London has realized increasing diverse populations who show distinct care needs. Most of the inner cities based in Britain have recognized rising populations of diverse and multi-ethnic groups having different needs for health care. The growing population diversity poses problems for health care professionals when it comes to offering care that meets the diverse cultures of the individuals, and particularly when it comes to literacy issues related to health (Ingram, 2011).

According to the World Health Organization (WHO), an individual having sufficient healthy literacy is one who has the social and cognitive skills for accessing, using, and understanding health information for prevention as well as promotion. American Medical Association defines health literacy as the extent to which people have the capabilities for gathering, processing, as well as comprehending basic information regarding health to allow them to make ideal care decisions. Functional health literacy entails the capacity of an individual in reading as well as complying with appointment information, prescription guidelines, and other vital information required to help maneuver via the care system. According to the National Assessment of Adult Literacy (NAAL0, health literacy entails the capacity of utilizing literacy skills for reading as well as comprehending health information (Ingram, 2011).

Research reveals that over 50 percent of adults residing in the U. S. lack sufficient health literacy, thus hindering them from receiving optimal care. Ethnic minorities are mostly the ones suffering from inadequate health literacy. As for adult lacking adequate health literacy, they are usually older, lack proper education, are probably racial or ethnic minorities, take low-paying jobs, and their socioeconomic status is low. From this information, therefore, it is apparent that there is a need for homecare nurses to be culturally competent to ensure they have the capacity of delivering adequate care to their patients, particularly those with poor, healthy literacy who come from diverse cultural backgrounds (Ingram, 2011).

Cultural Competence and Nursing Faculty

During 1986, the American Nursing Association (ANA) acknowledged the incorporation of multicultural matters to nursing education. Nevertheless, there were insufficient faculty members who were qualified enough in teaching cultural material during the time. Although teaching frameworks and strategies prevailed for the faculty to utilize, they have not been used appropriately. Historically, this issue does not appear surprising, since around 80 percent of the university as well as college faculty, especially nursing faculty were White, middle aged, and came from middle-income social settings. The desire for learning concerning other cultures was not in danger when most of the faculty members were studying. This is because the students who pursued nursing during the 1960s and 1970s were subject to assimilation by the leading U. S. culture as opposed to the emerging notion of culture. Hence, the cultural competence assumption in the contemporary nursing setting might be overly optimistic, thus posing challenges regarding instituting adequate measures of dealing with the cultural competency issue, especially among home care nurses (Kardong-Edgren, 2007).

Cultural competence usually rivals with diverse, vital competencies that dominate the time of nursing instruction. For instance, the dominant medical model is considered the primary reason as to why most students fail to lay significant attention to the cultural issues curricula. Culture is perceived as an addition as opposed to a vital part of the education that the students pursue. Moreover, even though the need for the developing cultural competence in the area of nursing has witnessed substantial documentation in literature, only limited studies have examined cultural competence in the case of the nursing profession. Certain faculties are open-minded concerning teaching cultural content while others resist teaching it. They also refrain from exercising positive attitudes when it comes to educating students concerning the need for caring for patients perceived as culturally diverse. In this perspective, therefore, it is apparent that failure to lay considerable emphasis on teaching cultural content might have also contributed to the sufficient home care nurses qualified enough to offer culturally competent care (Kardong-Edgren, 2007).

Cultural Competency and Training

During the recent years, both policymakers and scholars have directed considerable attention toward the issue of cultural competency, particularly based on its relationship with health care delivery in the U. S. Notable research has been directed toward the role that training for cultural competency plays in minimizing disparities in health care. Investigators suggest that it is essential to implement ideal training programs that target cultural competency, including folk medicine utilization, worldview, health beliefs, ethnomedical beliefs, and culturally oriented forces, such as norms and values as well as gender specific roles and status, as well as religion. These are believed to have considerable influence on the outcome of the encounters between providers and patients. Moreover, individual scholars continue debating concerning the limitations and the benefits associated with training for cultural competency in the case of health care setting. Besides, notable agreement prevails among researchers such that during the long-term, it assists in increasing the satisfaction of patients as well as compliance toward treatment (Khanna, Cheyney, & Engle, 2009).

Additionally, a growing scholarly interest is evaluating the way culture and health are related, particularly concerning health care delivery. Concerning the increasing diversity in ethnicity and affiliated health disparities across the U. S., policymakers in the healthcare environment have witnessed the advantages linked to cultural competency. The primary stakeholders who take part in health care delivery comprise of administrators, providers, policymakers, and insurers. They perceive cultural competency as playing a vital role regarding fostering quality care delivery to culturally diverse patients. As for the Health Resources and Services Administration (HRSA), it supports the adoption of training in language and cultural competence as well as protocols for assessment in health care settings. The institutions advocates for the global incorporation of the Culturally and Linguistically Appropriate Services (CLAS) to National Standards. The CLSA standards would play a critical role regarding minimizing the racial and ethnic inequalities that prevail within the health care environment. The standards would also serve as important benchmarks that would facilitate the delivery of linguistically and culturally competent health care service the patients who come from diverse cultural backgrounds (Khanna, Cheyney, & Engle, 2009).

In the case of the CLAS standards, irrespective of the various claims of unanticipated innovations in technology and the idea of objectivity in biomedicine, the process of delivering medical care is carried out in a social and interactive perspective. Here, it is essential to note that some political and interpersonal forces influence the relationship that prevails between providers and patients. The connection, in this case, characterizes the power that the health care providers have in line with authoritative knowledge, but cultural-driven beliefs that providers and patients portray. The cultural traits that patients and providers represent affect the behavior of seeking care as well as accessing and utilizing care services. Some policymakers and scholars support that it is crucial to consider incorporating linguistic and cultural competency when delivering care. This is to ensure that the health care system boosts health care utilization by patients who come from different cultural backgrounds, thus eventually minimize disparities in ethnic and racial health (Khanna, Cheyney, & Engle, 2009).

Cultural Competency and Nursing Education

For the past more than two decades, the U. S. population has realized the significant shift regarding ethnicity and race. Minorities in the country comprise of around a third of the people in the U. S. while the rate in anticipated to rise by over 54 percent come 2050. Irrespective of the trends apparent in the population, over 80 percent of registered and licensed nurses are non-Hispanic whites within the country. This rate reflects an underrepresentation of black Hispanic, American Indian, and Native nurses from Alaska. Also, less than 10 percent of the nursing faculty across the U. S. represents ethnic and racial minorities (Mareno & Hart, 2014).

According to the Institute of Medicine (IOM), it reveals that the ‘ unequal treatment,’ which the minorities encounter when in the event of receiving care, contributes to ill health. The differences in culture, poverty, inadequate access to health care, and unemployment result in health status disparities as well as outcomes. In line with the notion that demographics of medical professionals have failed to change with the variations in the population, the gaps in care delivery might keep growing. The IOM recommends that it is essential to have a more ethnically and racially health care group to increase the level of satisfaction among patients, minimize cultural barriers, and improve care access to underserved areas (Mareno ; Hart, 2014).;

Cultural competency would serve as the vital core curricular element worth introducing in both undergraduate and graduate levels for nursing programs. This would ensure that nurses devise the capacity for offering culturally competent care (Mareno ; Hart, 2014). Hence, concerning homecare nurses, availing of the undergraduate and graduate programs in learning institutions would ensure that the home nurses gain the capacity for offering adequate care to multicultural individuals in diverse home settings effectively.

Nursing Research and Cultural Competency

According to 2010 data from the U. S. Census Bureau, the U. S. demographics are anticipated to change in a dramatic manner in the coming 50 years. In the case of the non-Caucasians, they will grow by around double the present size of 116. 2 to around 241 million in 2060. This shall represent around 57 percent of the population in the U. S. concerning the Asian community; they will double in the coming five years, hence comprise around 8 per cent of people in the U. S. In addition, the population of the U. S. is aging. During 2060, it is expected that approximately one out of five individuals will be more than 65 years old. The people over 85 years will triple to around 18. 2 million, thus account for around4 percent of the population in the U. S. (Cope, 2015)

Based on the current population demographics in the U. S., cultural competency, and cultural sensitivity will be essential and have considerable influence in research and practice settings. Cultural competency is perceived as a way of minimizing disparities in health as well as plays a crucial role in boosting high-quality care access, which will address the growing health care needs of the population. Thus, with sufficient cultural competency through the area of nursing research, it will be possible to incorporate cultural competency in the field of homecare nurses, hence play a fundamental role regarding supporting efficient care delivery to the diverse and aging population (Cope, 2015).;

Diversity and Institutional Limitations

The issue of global migration is leading to growing diversity among Europe’s population. Most of the migrants are usually compared to the host countries they enter. However, with time, they also age while their parents also join them in the new countries. Therefore, in a considerable number of countries in Europe, the older immigrants’ number is growing, hence posing challenges toward health care provision, especially regard to culturally centered care. Nevertheless, the diverse policies introduced within the region have failed to cope with the social change pace due to the cultural breadth associated with daily encounters. Thus, due to lack if appropriate policies, it has not been possible to prepare adequate measures of dealing with the growing diverse population within the region (Debesay, et al., 2014).;

In the nursing environment, diversity in healthcare is relatively new, especially in the case of home care nurses. The comprehensive models and concepts have not been appropriately developed, especially in European nations. Furthermore, understanding concerning the knowledge and skills that nurses should possess to allow them to handle health care issues of culturally diverse patients are at an early stage. Most of the existing research has dwelt considerably on individuals while laying insufficient emphasis on organizational frameworks that would be ideal in supporting cultural competency among nurses in diverse health care settings, especially when it comes to delivering adequate care to culturally diverse populations (Debesay, et al., 2014). Thus, it is essential to explore the various challenges that nurses, especially community nurses, face when delivering home based care services to ethnic minority individuals.;

Incorporating Cultural Competency to Curriculum

To respond effectively to patients, it is essential to lay emphasis on cultural sensitivity since it adds to nursing competencies. Nurses serve as the individuals who contact patients the most. Even though the demographic patterns across the U. S. and globally shift as health care consumers become increasingly diverse, cultural sensitivity has emerged as a requirement among the diverse health care providers. Most of the nursing programs presently incorporate the cultural competency requirement based on the growing diversity of patients and the requirements of accrediting bodies. Nonetheless, irrespective of the more than 50 years linked to knowledge on trans-cultural nursing, via research, theory, and practice, no formal or integrated education target nursing practice. The present approaches to curricular comprise of initiatives, such as a deep cultural immersion, service-learning initiatives, inter-culture cultural immersion, and cultural courses that stand free. The process of integrating cultural competency to curriculum serves as the most dominant method. However, this form of an approach is not efficient or robust. The perceptions that students portray toward cultural competency when merged with undergraduate programs reveals a need for educational emphasis toward cultural competency without focusing on the clinical application (Kardong-Edgren, et al., 2010).;

The process of integrating cultural competencies to processes of learning as well as activities to educational curriculum only leads a limited number of individuals to show commitment to the initiative. Here, it is worth noting that if no solid curricular framework is documented or articulated, it would be easy to lose the strategies and content, particularly in the event of a change of teaching methods. Therefore, it would be appropriate to incorporate programs having the right content and follow up with content leveling in the entire curriculum to facilitate in integrating cultural competency (Kardong-Edgren, et al., 2010). In this perspective, therefore, in ensuring that home care nurses remain efficient when it comes to delivering effective care to patients, it is vital to consider introducing programs that have the ideal content and focus on leveling it with the entire curriculum. This would make sure that homecare nurses gain the sufficient skills, which can allow them to deliver optimal care to patients seeking care services at home.

Conclusion;

; The area of cultural competency has received considerable emphasis in the nursing environment. This is because nurses are mostly the ones who deal with clients directly as well as on a daily basis. Moreover, regarding cultural disparity, many countries especially the U. S. and those in Europe are witnessing a rapid rise in the growth of diverse racial-ethnic groups. Their populations are growing increasingly old, hence the need for home-based care. However, considering the present nursing environment, most home care nurses lack sufficient cultural competency skills to allow them to deal with the conditions of the patients. Most learning institutions also fail to offer adequate training on cultural competency, thus resulting in inefficiency when delivering care to home-based patients of diverse ethnic and cultural origins. Therefore, with the growing populations of different ethnic and cultural backgrounds, it is crucial for learning institutions to devise effective ways of teaching nursing students cultural competency skills effectively. They can do this through integrating cultural competency as a core requirement in the curriculum. Furthermore, policymakers, researchers, and scholars should formulate effective ways of aligning cultural competency requirements with the needs of patients and learning requirements. This way, it would be possible to incorporate ideal measures of ensuring that nurses, particularly home care nurses, manage to deliver optimal care despite the growing disparity in care delivery.

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