



Global Outcome Patterns of Cultural Competence for the Workforce of Nurses: A Systematic Review

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BACKGROUND

- ❑ Nurses are called to care for people from diverse cultural and ethnic backgrounds. In order to deliver care tailored to the patient, nurses need to use language familiar to the patient, accommodate cultural and religious practices, and individualize care to the patient.
- ❑ Nurses can face complex differences in patients' communication styles, and attitudes and beliefs towards health behaviors, languages, and ethnic origins (Cicolini et al, 2015; Goodman et al, 2014).
- ❑ In response to these global health challenges, nurses must continue to develop cultural knowledge and skill in providing and managing care. Clinical nurse managers and educators are investing in new strategies to increase nurses' cultural competence and need evaluation instruments to understand the outcomes of their efforts.

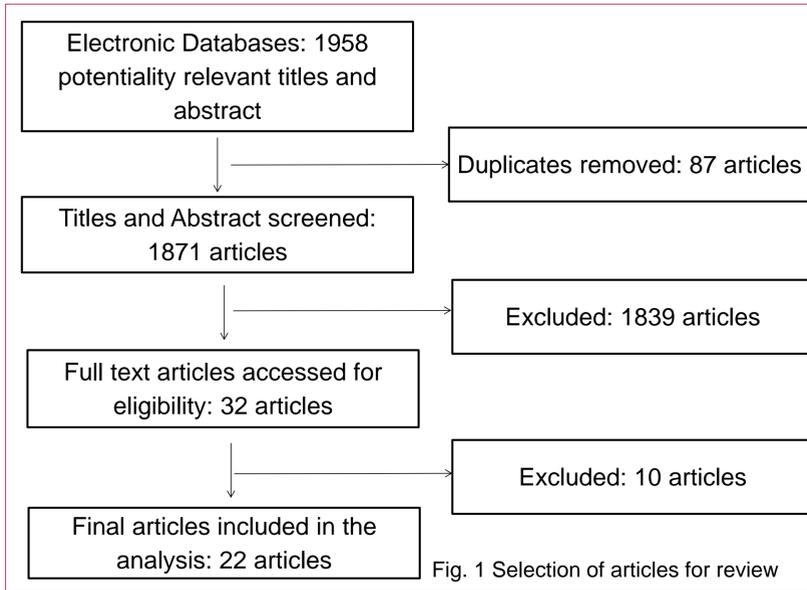
Purpose

- ❑ To systematically review quantitative studies of nurses in practice using cultural competence measurements to identify instruments demonstrating robustness across settings.
- ❑ To characterize instruments with documented reliability and validity.
- ❑ To examine the key findings of nurses' cultural competence regarding personal, social and organizational factors.

METHODS

- ❑ PRISMA guideline for systematic review was followed.
- ❑ Searches included five databases: CINAHL, Academic Search Complete, PubMed, Scopus and Web of Science. Keywords – intercultural competence, cultural sensitivity, cultural competence, transcultural nursing, nurses, outcomes and workforce.
- ❑ Inclusion criteria: Peer-reviewed research; Studies that measured cultural competence and examined the outcomes for the nursing workforce; Quantitative studies; English language full-text available between January 1, 2009 and March 31, 2018. STROBE checklist assessed the methodological quality.

METHODS



RESULTS

- ❑ 21 instruments characterized cultural competence levels.
- ❑ General concepts of culture (n =7) and specific cultural content, including patient-provider interaction and behavior (n= 13),
- ❑ Internal consistency was the most frequent type of reported reliability in the studies. The total Cronbach's alpha values varied between .99 (TSET-CV) and .64 (CASS).
- ❑ Face/content validity was reported in the studies. Content validity index was ≥ .80 based on experts' ratings clarity and relevance of each item.
- ❑ The number of items ranged between one single item represented in the PNCCR instrument (Lin et al, 2015) and 83 items (TSET-CV). The instruments used Likert-type scales with differences in gradation.

RESULTS

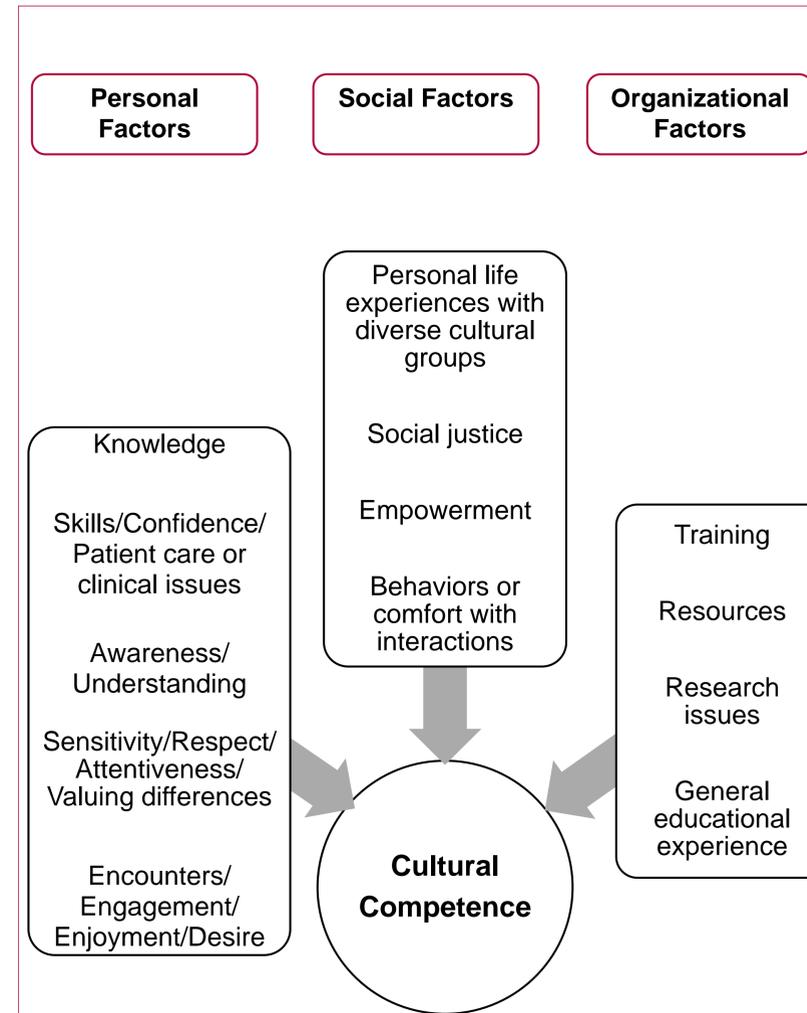


Fig. 2. Cultural Competence model based on findings of the systematic review of cultural competence measurements in nursing. The lines indicate that findings from the review associate cultural competence in personal, social and organizational factors.

CONCLUSION

- ❑ Several studies indicated that the instrument items were relevant to the nursing workforce.
- ❑ The instruments showed appropriate content validity and internal consistency. Nevertheless, cross-cultural validation must be continued using rigorous methods.
- ❑ Assessment of the content of the instruments allows creation of a cultural competence model associating personal, social and organizational factors. Those factors enable nursing educators, clinical nurse leaders, and nurse researchers to identify, select, or develop appropriate instruments to assess cultural competencies and can help identify intervention strategies effective in improving care delivery to patients with different cultural backgrounds.

REFERENCE

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