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 (Ciccolini 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.

METHODS

- Electronic Databases: 1958 potentiality relevant titles and abstract
- Duplicates removed: 87 articles

- Titles and Abstract screened: 1871 articles
- Excluded: 1839 articles
- Full text articles accessed for eligibility: 32 articles
- Excluded: 10 articles
- Final articles included in the analysis: 22 articles

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 PNCOR instrument (Lin et al. 2015) and 83 items (TSET-CV). The instruments used Likert-type scales with differences in gradation.

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