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

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Purpose:

Globally, nurses are called to care for people from diverse cultural and ethnic backgrounds. Nurses engage in providing cultural care that considers the biological, psychological, social and spiritual aspects of individuals, families, and community while organizing care within patterns and community value systems. 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. Therefore, nurses must demonstrate cultural knowledge and skill in providing and managing care.

Various instruments are available to assess the attributes of cultural competence in nursing practice and education. However, few studies discuss scale validation studies. The purpose of this study was to systematically review the outcome patterns of cultural competence addressed through quantitative measures among practicing nurses.

Methods:

This study used guidelines for systematic reviews from the Centre for Reviews and Dissemination (CRD, 2009). The process includes construction of the PICO question (population, intervention, comparison, and outcome); study inclusion and exclusion criteria; search process; selection and assessment of included studies; and synthesis of results. Searches were performed using five databases (CINAHL, Academic Search Complete, PubMed, Scopus and Web of Science). Included studies were published between January 1, 2009, and March 31, 2018, that measured the cultural competences and examined the outcomes of cultural competence for nurses and the nursing workforce.

Three researchers completed and checked for methodological rigor all articles chosen for inclusion in its entirety. We examined validation articles that show the relationship between cultural competence and outcomes for the nursing workforce. Thematic analysis performed, paying attention to frequently recurring themes and outcomes. Data was extracted from the included studies: author, journal, country, year of publication, sample, measurement and instruments, statistical analysis, cultural competence measure, and outcomes of cultural competence for the nursing workforce.

Results:

The electronic database search yielded 1,958 titles and abstracts. After removal of duplicates, a total of 1,871 titles and abstracts were screened using inclusion and exclusion criteria. From those, 1,839 articles were excluded because they did not answer the question of the study. The final full-text review included 27 studies in this review.

This study presented 24 different instruments to assess the cultural competence of nurses. The majority of studies used advanced statistical procedures such as validity and reliability of the instrument (n=13 studies), multiple linear regression (n=5 studies), and correlation (n=3 studies). Two studies utilized
inferential statistics such as Kruskal-Wallis test and chi-square test. Four studies used descriptive statistics.

From the thematic analysis, two key themes are identified: Cultural Competencies measure, and Outcomes for nurses and the nursing workforce. One of the key findings related to the cultural competencies measure was that most studies showed low scores in cultural knowledge and skills (Chae & Park, 2018; Gözüm, Tuzcu, & Kirca, 2016; Lin et al, 2015), especially limited language skills. The low rating of cultural skill may highlight ineffective communication among patients and nurses in nursing care. According to Haywood et al (2014), cultural and linguistic competence emerges as a marker for quality and equitable care, the instrument has the potential to offer valid and reliable evidence of practitioners’ knowledge and skill sets.

The second finding of this study was the lack of autonomy of nurses in the workplace (Kuwano, Fukuda, & Murashima, 2016; Papastavrou et al, 2015). Challenges such as communication problems, and differences in custom and culture might cause clinical nurses to be less able to fully demonstrate their autonomy when caring for patients from culturally diverse backgrounds (Kuwano, Fukuda, & Murashima, 2016). Despite these limitations, studies found nurses culturally aware and sensitive, demonstrating positive attitudes and respect for patients’ cultural backgrounds (Lin et al, 2015).

This study also finds strategies for developing cultural knowledge and outcomes for nurses and the nursing workforce. Cultural educational programs increase the level of cultural competence among the nursing staff and the ability to manage difficulties that may arise due to cultural or linguistic differences (Almutairi, Abdallah, & Maliha, 2017).

According to Kuwano, Fukuda, & Murashima (2016), implementation of lectures on cultural knowledge, and clinical case studies should be included in continuing education courses for practicing nurses. Nurses should be encouraged to attend continuing education program such as multicultural nursing education, multicultural experience, and sharing problem-solving experience to promote coping ability (Ahn, 2017). In addition, instruments or scales would enable healthcare practitioners a self-assessment of cultural and linguistic competence into their practices (Haywood et al, 2014).

Conclusion:

The results indicate that low scores in the cultural knowledge and skills among nurses found in the different instruments are related to limited language skills and weak communication. Therefore, managers and educators nurses should offer multicultural competence training programs to increase the level of cultural competence among the nursing staff and to manage difficulties that may arise due to cultural or linguistic differences.

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

Keywords:
Cultural competency, Outcomes and Transcultural nursing

References:
Abstract Summary:
In response to the challenges of global health, managers and educator nurses are investing new strategies as well as instruments of evaluation of competences for an updated learning of nurses in order to accommodate cultural practices and individualize care to the patient from diverse cultural and ethnic backgrounds.

Content Outline:
I- Introduction

Globally, nurses are called to care for people from diverse cultural and ethnic backgrounds. Nurses engage in providing cultural care that considers the biological, psychological, social and spiritual aspects of individuals, families, and community while organizing the care within patterns and community value systems. 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. Therefore, nurses must demonstrate cultural knowledge and skill in providing and managing care.

Various instruments are available to assess the attributes of cultural competence in nursing practice and education. However, few studies discuss scale validation studies. Therefore, the purpose of this study
was to systematically review the outcome patterns of cultural competence addressed through quantitative measures among practicing nurses.

II- Body

This study presented 24 different instruments to assess the cultural competence of nurses. The majority of studies used advanced statistical procedures such as validity and reliability of the instrument (n=13 studies), multiple linear regression (n=5 studies), and correlation (n=3 studies). Two studies utilized inferential statistics such as Kruskal-Wallis test and chi-square test. Four others studies used descriptive statistics.

From the thematic analysis, two key themes are identified: Cultural Competencies measure, and Outcomes for nurses and the nursing workforce.

One of the key findings on the cultural competencies measure was that most studies showed low scores in the cultural knowledge and skills, especially limited language skills. The low rating of cultural skill may highlight ineffective communication among patients and nurses in nursing care as well as lack of autonomy of nurses in the workplace.

This study also finds the strategies for developing cultural knowledge and outcomes for nurses and the nursing workforce such as cultural educational programs and multicultural experience for practicing nurses.

III. Conclusion

The results indicate that the low scores in the cultural knowledge and skills among nurses found in the different instruments are related the limited language skills and weak communication. Therefore, managers and educator nurses should offer multicultural competence training programs to increase the level of cultural competence among the nursing staff and to manage the difficulties that may arise due to cultural or linguistic differences.

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