

Standards of Practice for Culturally Competent Nursing Care: A Request for Comments

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Preface

The purpose of this document is to initiate the discussion of a set of universally applicable standards of practice for culturally competent care that nurses around the globe may use as guides in clinical practice, research, education, and administration. The recipient of the nursing care described in these standards is assumed to be an individual, a family, a community, or a population.

These standards are based on a framework of social justice,⁽¹⁾ that is, the belief that every individual and group is entitled to fair and equal rights and participation in social, educational, economic, and, specifically in this context, healthcare opportunities. It is through the use of the principles of social justice in the application of culturally competent care that racial and ethnic inequalities in health outcomes may be reduced.

The worldwide shortage of nurses and the global migration of both nurses and populations have heightened the

need to educate nurses to deliver culturally competent care for an increasingly diverse patient population, regardless of geographic location.⁽³⁾⁽⁴⁾ This need served as the primary impetus for this work.

Cultural standards exist within political, economic, and social systems, and that many health organizations throughout the world have defined care for their specific populations from the perspective of these systems. The variation among standards and the context within which standards are practiced may preclude a single set that fits all cultures.

Authors' Note: This document was developed through collaboration of members of The American Academy of Nursing Expert Panel on Global Nursing and Health and The Transcultural Nursing Society, with participation by members of The American Academy of Nursing Expert Panel on Cultural Competence. Sharon M. Weinstein, MS, CRNI, RN, FAAN, Larry Purnell, PhD, RN, FAAN, Cheryl Leuning, PhD, RN, and Ruth Davidhizar, DNS, RN, ARNP, BC, FAAN, also participated in the discussion and critique during the development of this document.

Table 1
Standards of Practice for Culturally Competent Nursing Care

Standard	Description
Standard 1. Social Justice	Professional nurses shall promote social justice for all. The applied principles of social justice guide nurses' decisions related to the patient, family, community, and other healthcare professionals. Nurses will develop leadership skills to advocate for socially just policies.
Standard 2. Critical Reflection	Nurses shall engage in critical reflection of their own values, beliefs, and cultural heritage in order to have an awareness of how these qualities and issues can impact culturally congruent nursing care.
Standard 3. Transcultural Nursing Knowledge	Nurses shall gain an understanding of the perspectives, traditions, values, practices, and family systems of culturally diverse individuals, families, communities and populations they care for, as well as a knowledge of the complex variables that affect the achievement of health and well-being.
Standard 4. Cross Cultural Practice	Nurses shall utilize cross cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.
Standard 5. Healthcare Systems and Organizations	Healthcare organizations should provide the structure and resources necessary to evaluate and meet the cultural and language needs of their diverse clients.
Standard 6. Patient Advocacy and Empowerment	Nurses shall recognize the effect of healthcare policies, delivery systems, and resources on their patient populations, and shall empower and advocate for their patients as indicated. Nurses shall advocate for the inclusion of their patient's cultural beliefs and practices in all dimensions of their healthcare.
Standard 7. Multicultural Workforce	Nurses shall be activists in the global effort to ensure a more multicultural workforce in healthcare settings.
Standard 8. Education and Training	Nurses shall be educationally prepared to promote and provide culturally congruent health care. Knowledge and skills necessary for assuring that nursing care is culturally congruent shall be included in global health care agendas that mandate formal education and clinical training, as well as required ongoing, continuing education for all practicing nurses
Standard 9. Cross Cultural Communication	Nurses shall use effective, culturally competent, communication with clients that takes into consideration the client's verbal and nonverbal language, cultural values and context, and unique healthcare needs and perceptions.
Standard 10. Cross Cultural Leadership	Nurses shall have the ability to influence individuals, groups and systems to achieve outcomes of culturally competent care for diverse populations.
Standard 11. Policy Development	Nurses shall have the knowledge and skills to work with public and private organizations, professional associations and communities to establish policies and standards for comprehensive implementation and evaluation of culturally competent care.
Standard 12. Evidence-Based Practice and Research	Nurses shall base their practice on interventions that have been systematically tested and shown to be the most effective for the culturally diverse populations that they serve. In areas where there is a lack of evidence of efficacy, nurse researchers shall investigate and test interventions that may be the most effective in reducing the racial and ethnic inequalities in health outcomes.

In preparing these standards, nearly 50 relevant documents from nursing organizations around the world were examined, as well as related materials from other healthcare professions, governmental, NGO, and health and human service organizations. Examples included, but were not limited to the following: the United Nations' *Declaration of Human Rights*,⁽⁵⁾ the International Council of Nurses (ICN)'s *Nurses and Human Rights*,⁽⁶⁾ the Nursing Council of New Zealand's *Code of Conduct for Nurses*,⁽⁷⁾ the National Association of Social Workers' *Standards for Cultural Competence in Social Work Practice*,⁽⁸⁾ the World Health Organization's *Declaration of Alma Alta*,⁽⁹⁾ the American Nurses Association (ANA)'s *Code of Ethics*,⁽¹⁰⁾ and *The ICN Code of Ethics for Nurses*.⁽¹¹⁾

These standards may assist nurses to place cultural competence as a priority of care. Through the use of these 12 standards in practice, administration, education, and research, nurses may advocate for culturally competent care for the individual, family, community, and the populations they serve. The authors acknowledge that there may not be one single set of standards that reflects all of the values of the global nursing community, but they hope that this work embodies a "best practices" approach that will enhance culturally competent nursing care and health care around the globe. The authors solicit comments on these standards on the website <http://www.tcns.org/>.

Interpretation and Implementation

STANDARD 1. SOCIAL JUSTICE. Nurses shall promote social justice for all. The applied principles of social justice guide nurses' decisions related to the patient, family, community, and other healthcare professionals. Nurses will develop leadership skills to advocate for socially just policies.

Social justice evolves from values of impartiality and disinterest at a systems or governmental level and is founded on principles of fairness, equity, respect for self and human dignity, and tolerance.⁽¹²⁻¹⁴⁾ "Socially just actions are directed at balancing ... health-related benefits and burdens for all members of society."⁽¹⁵⁾

Leading indicators of death and disability were quantified in groundbreaking studies by Harvard University researchers sponsored by the World Health Organization and the World Bank.⁽¹⁶⁾ This research led to *Healthy People 2010: Leading Health Indicators* from which two goals emerged: to increase the quality and length of life and to eliminate health disparities.⁽¹⁷⁾ Nurses around the globe must also obtain knowledge of cultures different from their own so they may recognize and address racial and ethnic inequities in healthcare access, treatment, and outcomes.

Although social justice is related to ethical principles, ethics derives from an individual's beliefs as to the

correctness of an action.⁽¹⁸⁾ In contrast, principles of social justice expand nurses' sphere of influence to a broader systems view. Giddings' model of social consciousness noted power imbalances within healthcare systems regarding who received care.⁽¹⁹⁾ Reimer-Kirkham, Van Hofwegen, and Harwood urged social transformation through transformative learning.⁽²⁰⁾ One of the outcomes of a liberal baccalaureate education is the development of leadership skills; these skills prepare nurses to advocate for social justice. For example, nurses are expected to develop a "commitment to the health of vulnerable populations and the elimination of health disparities."⁽²¹⁾ Leadership skills prepare nurses to advocate for social justice as espoused by Barthum by promoting "empowerment, liberation and relief of suffering, and oppression."⁽²²⁾

Cultural values are reflected in policies regarding human rights, such as the right to protection from oppression. Social justice demands fairness in the implementation of policies. Nurses shall advocate for principles of social justice within the healthcare arena and will support organizational and governmental policies that demonstrate social justice.

Suggestions for Implementation of Standard 1

1. Incorporate content related to concepts of social justice. Opportunities for application in clinical areas should include how to analyze policies to determine fairness, impartiality, equity, tolerance, and respect for cultural differences.
2. Assume leadership in demonstrating respect for self and humanity in healthcare arena.
3. Move beyond individual care and incorporate a broader concept of populations and communities as the focus of practice.
4. Advocate for the elimination of health disparities/inequities and an increase in the quality and length of life.
5. Become aware of the impact of policies on the balance of power among diverse populations related to health care.

STANDARD 2. CRITICAL REFLECTION. Nurses shall engage in critical reflection of their own values, beliefs, and cultural heritage in order to have an awareness of how these qualities and issues can affect culturally congruent nursing care.

Understanding one's own cultural values and beliefs as well as the culture of others is essential if nursing care is to be not only appropriate but deemed effective by the patient, family, community, and population. Self-awareness, as the initial step, is the personal process of identifying one's own values and beliefs. This awareness

enables each individual to analyze personal feelings as a component of reflection.⁽²³⁾

“Critical reflexivity is a personal analysis that involves challenging personal beliefs and assumptions to improve professional and personal practice.”⁽²⁴⁾ Critical reflection goes beyond solely awareness by examining and critiquing the assumptions of one’s values and beliefs. It includes an examination of one’s own cultural values that have the potential to be in conflict with the values of others, and as a result, hinder therapeutic relationships and effective patient care outcomes.

Reflective thinking includes actions, evaluation, and critical-inquiry,⁽²⁵⁾ and can, in turn, further increase personal cultural awareness.⁽²⁶⁾ It would be detrimental “both to refuse to open up in order to protect cultural identity and to reject cultural identity in order to go with the current of globalization and internationalization.”⁽²⁷⁾ “Reflection is an integral part of growth and development, as well as the provision of quality nursing care.”⁽²⁸⁾ This process should begin with the novice student and continue throughout the professional life of any healthcare provider.

Respect for other cultures is fundamental.⁽¹¹⁾ “Developing understanding [of cultural values and beliefs] may be one of the most urgent tasks facing our generation and may determine the fate of all future generations.”⁽²⁹⁾

Suggestions for Implementation of Standard 2

In settings with limited number of professional staff and scarce resources, particularly in less developed countries:

1. Encourage application of standards of cultural congruence in practice based on critical reflection.
2. Hold small group sessions that focus on the application of critical reflection in culturally congruent nursing care practice.

In settings with moderate levels of resources:

1. Develop policies that demonstrate the importance of recognizing personal values that can affect culturally congruent nursing care.
2. Host programs and workshops that encourage critical reflection and self-awareness of values, beliefs.

In complex settings in developed countries with greater proportion of professional staff and more extensive budgets:

1. Host programs to expand understanding of different cultures, customs, social, and healthcare practices that affect nursing care.
2. Demonstrate the importance of reflection on cultural heritage through role modeling.

STANDARD 3. TRANSCULTURAL NURSING KNOWLEDGE. Nurses shall gain an understanding of the perspectives, traditions, values, practices, and family systems of culturally diverse individuals, families, communities, and populations they care for, as well as a knowledge of the complex variables that affect the achievement of health and well-being.

Cultural competence is a dynamic, lifelong learning process.⁽³⁰⁾ Knowledge of the following topics is essential in order to provide evidence-based, culturally competent nursing care:

- The impact of culture on attitudes, values, traditions, and behavior.
- Health-seeking behaviors of individuals, families, communities, and populations.
- The impact of language and communication styles of individuals, families, and communities.
- The impact of health policy on culturally diverse groups, particularly targeting those who are economically disadvantaged, vulnerable, and underserved.
- Resources (personal/familial social support networks, professional human resources, agencies, and research) that can be utilized by culturally diverse individuals, families, and communities.^{(31) (11) (8)}

Professional nurses need specific knowledge about the culturally diverse individuals, families, and communities they serve, including, but not limited to, specific cultural practices, definitions of and beliefs about health and illness, biological variations, transcultural worldviews, acculturation, socioeconomic backgrounds, learning styles, cognitive skills, and life experiences, such as refugee and immigration status, as well as oppression, violence, and trauma suffered.⁽³²⁾ In addition, nurses should seek specialized knowledge from the body of literature in transcultural nursing practice about global, social, cultural, and healthcare systems and how those who are culturally diverse can access health care. This includes knowledge of the types of institutional, class, cultural, and language barriers that may prevent culturally diverse individuals and families from accessing health care.

Cultural competence requires knowledge of transcultural nursing theories and principles.⁽⁴⁾ Knowledge can also be gained from associated disciplines related to human behavior, life cycle development, problem-solving skills, prevention, and management. Assessment skills are essential in asking culturally sensitive questions to facilitate communication, demonstrating respect with cultural diversity, and asking individuals and their families about cultural beliefs and practices that should be considered in the delivery of health care.

Suggestions for Implementation of Standard 3

1. Generate staff education modules on the provision of culturally competent care.
2. Generate staff education modules focusing on increasing knowledge of the most common cultural groups served.
3. Offer monthly cultural awareness activities that promote cultural competence (i.e., culturally diverse speakers, media, ethnic food).

STANDARD 4. CROSS CULTURAL PRACTICE. Nurses shall utilize cross cultural knowledge and culturally sensitive skills in implementing culturally congruent nursing care.

Culture is often the organizing framework within which concepts of health and illness, as well as the cultural/traditional approaches to health and healing practices are defined. Knowledge of the role of culture in health and illness is essential to incorporating cultural health beliefs and practices in nursing care and practice.

Development of culturally sensitive communications skills entails development of self-awareness of nurses' own personal and professional culture, development of culturally congruent communication skills as well as development of skills in identifying variations between and within cultures. Development of educational and clinical consultative and mentoring services contributes to proper and efficient integration of cross cultural knowledge in nursing practice.

Suggestions for Implementation of Standard 4

In settings with limited number of professional staff and scarce resources, particularly in less developed countries:

1. Provide cross cultural educational guides detailing how cultural groups understand life processes, how cultural groups define health and illness, what cultural groups do to maintain wellness, what cultural groups believe to be the causes of illness, how healers cure and care for members of cultural groups, and how the cultural background of the nurse influences the way in which care is delivered.
2. Provide in-service education so as to promote nurses' understanding of the role of culture in health and illness practices, to ensure effective implementation of therapeutic nursing strategies and to maximize use of clients' natural support system in resolving problems—for example, folk healers, storefronts, religious and spiritual leaders, and other community resources.

In settings with moderate levels of resources:

1. Develop policies and procedures for ensuring effective cross cultural nursing practice.
2. Develop assessment strategies to ensure competence of nurses in meeting the health care of clients from various cultures.
3. Develop Advanced Practice nurse consultants whose role function is to facilitate culturally congruent nursing care and resolve conflict situations so as to maximize clients' participation in the treatment plan and enhance their satisfaction.

In complex settings in more developed countries with greater proportions of professional staff and more extensive budgets:

1. Implement the above-listed strategies.
2. Develop a culture of evidence-based research to demonstrate the most effective approaches to achieving positive health outcomes.
3. Host clinical and research workshops/conferences to disseminate evidence on effective approaches to culturally congruent nursing practice.

STANDARD 5. HEALTHCARE SYSTEMS AND ORGANIZATIONS. Healthcare organizations should provide the structure and resources necessary to evaluate and meet the cultural and language needs of their diverse clients.

Healthcare organizations and agencies are responsible for providing the infrastructure necessary to deliver safe, culturally congruent and compassionate care to those who seek its services. The executive leadership of the organization is responsible for developing and maintaining this infrastructure by reflecting these principles in its mission, vision, and values of the organization.⁽³⁶⁾ In addition, the organization's leadership is responsible for implementing policies and procedures aimed at optimizing the delivery of care to culturally diverse populations and for assuring that these policies are integrated throughout the organization.⁽³⁷⁾

Community engagement is an essential function of all healthcare systems, not only to assess and meet the healthcare needs of the culturally diverse population it serves, but also to build a critical level of trust and collaboration between potential patients and providers. Inclusion of community members as partners in such activities as organizational decision-making, program development, and information and education exchange leads to the development of culturally relevant interventions that may result in improved outcomes among those served.

Suggestions for Implementation of Standard 5

1. Convene a systemwide, managerial-level task force to oversee and take responsibility for diversity-related issues within the organization.⁽³⁸⁾
2. Establish an internal budget to support the provision of culturally appropriate care, such as for the hiring of interpreters, producing multi-language patient education materials, adding signage in different languages, etc.⁽³⁹⁾
3. Develop policies and activities aimed at actively recruiting and sustaining a culturally diverse workforce.
4. Provide orientation and annual in-service training in cultural competence for all levels of staff.
5. Include cultural competence requirements in job descriptions as well as performance measures and promotion criteria.
6. Develop and use a data collection system to review the current and emergent demographic trends for the geographic area served by the agency, as well as those who receive care.⁽⁴⁰⁾
7. Obtain patient/client feedback, such as, patient satisfaction data, to determine the effectiveness and appropriateness of their services and to help identify issues that could be better addressed in the organization.
8. Collaborate with other healthcare organizations within the community to share ideas and resources for meeting the needs of culturally diverse populations.
9. Engage in community activities by bringing health care to the population, by means such as health fairs, blood pressure screening, layperson's health library, well child screenings, etc.
10. Enlist participation by community members in organizational committees, such as the Ethics or Research committee, Educational Program committees, Patient Education committees, or program planning committees, such as for Smoking Cessation, Pulmonary or Cardiac rehabilitation programs, Exercise and Weight Loss programs, etc.

STANDARD 6. PATIENT ADVOCACY AND EMPOWERMENT. Nurses shall recognize the effect of healthcare policies, delivery systems, and resources on their patient populations, and shall empower and advocate for their patients as indicated. Nurses shall advocate for the inclusion of their patients' cultural beliefs and practices in all dimensions of their health care.

Nurses understand that all patients enjoy social and cultural rights necessary for their dignity and free development.⁽³⁵⁾ Culturally competent nurses, however,

recognize the harmful effects of ignorance, hate, ethnocentrism, prejudice, and bias on the health of their patients and patient populations. Nurses serve as patient advocates by providing or facilitating a voice for their patients' needs and concerns. They also ensure the autonomy of their patient populations and their right to safeguard their values, address their health and healthcare needs, and to voice their concerns.⁽⁴¹⁾

According to the World Health Organization, advocacy is a process that also affects many levels and ranges of outcomes.⁽³¹⁾ Nurses ensure patient autonomy by facilitating their patients' ability to access and use quality health care in a manner that accommodates their cultural values, beliefs, and behaviors. Nurses advocate for their patients within a collaborative framework that respects the needs, wishes, and priorities of their patients. They practice cultural safety by identifying, understanding and respecting the bio-physical, economic, psychosocial, spiritual, and cultural characteristics of the patient, the patient's family, the environment, and the patient's community.⁽⁷⁾ This occurs within a process of respectful collaboration to reach agreed-upon health goals, to individualize health education to the individual patient and patient population, and to select and provide health care.

Nurses need specific competencies and skills to advocate for, support, and safeguard patients against devaluation or obliteration of their cultural histories, cultural expressions, and cultural experiences in a global community. These skills include self-reflection and self-knowledge, respectful communications, cultural knowledge, accessing resources, and facilitating communication in the patient's language. Empowering nurses by providing safe, positive practice environments and self-improvement resources by employers also improves patient outcomes.⁽⁴²⁾ The expectation is that culturally competent nurses reflect these values of advocacy, autonomy, and cultural safety in their practice.

Implementation of this standard will be influenced by a number of factors and contextual variables, such as the nurse's role, patient population needs and culture, and above all, the internal and external resources of the nurse. Key internal resources will be the nurse's self-knowledge, and respect for the cultural-based values, beliefs, and behaviors of both patient population and self.

Suggestions for Implementation of Standard 6

1. Use a systems perspective and a culturally competent approach in practice.
2. Consider each patient situation as unique during initial assessment and throughout the nursing process.

3. Respond to needs in terms of challenges that can be addressed rather than fixed problems.
4. Advocate for and with patients.
5. Protect and understand the uniqueness of all patients.
6. Promote use of ombudsman.
7. When possible, accommodate the patient's cultural values, beliefs, and practices during all interactions and when planning and providing nursing care.

STANDARD 7. MULTICULTURAL WORKFORCE. Nurses shall be activists in the global effort to ensure a multicultural workforce in healthcare settings.

Nurses have come to realize the significance of an increasingly diverse workforce as one means of addressing culturally competent care. As our population becomes increasingly diverse, so too must our workforce strive to mirror these demographic changes. While matching workforce to client populations we serve and students we teach can be an effective strategy for bridging cultural differences between nurse and client, it cannot be the only strategy. "All nurses need to be able to provide care for clients who are not like themselves."⁽⁴³⁾ Cultural competency is not just a good idea, it is a responsibility, and therefore must be an integral part of the fabric of our organizations, as it benefits our students, clients, and our healthcare institutions. The Sullivan Commission on Diversity in the Healthcare Workforce Report⁽⁴⁴⁾ corroborates and offers three principles to guide future activities in this area: to increase the diversity in the health professions, the culture of professional schools must change; new and nontraditional paths to the health professions should be explored and; commitments must be at the highest levels of our government and in the private sector.

The benefits of a diverse workforce consists of the enhancement of a skill set that includes cultural competency, improved access to high-quality healthcare services, refined management of the healthcare system, provision of competent role models, and strengthening of the research agenda.

Increasing cultural competence within the profession requires tangible efforts to recruit and retain a diverse workforce of prospective nurses, many of whom will bring "indigenous" cultural competence to the profession that will allow for additional opportunities for the acquisition of culturally competent skills by all nurses. Furthermore, due to continuous population migrations, the current workforce requires a sound knowledge of diversity in order to transition to a more culturally diverse group of clinicians, educators, and administrators.

In the final analysis, the ultimate goal is a health-care system and workforce capable of delivering the

highest quality care to every patient, regardless of race, life style, gender, cultural background, or English proficiency.⁽⁴⁹⁾

Suggestions for Implementation of Standard 7

1. Solicit culturally diverse alumni to participate in a mentoring network for support and assistance in recruitment efforts of culturally diverse graduate nurses.
2. Develop and implement a strategic plan that includes recruitment of nurses from diverse backgrounds.
3. Identify barriers to recruitment goals, with resultant infrastructure change.
4. Mentor students and nurses on the benefits of supporting community healthcare partnerships, projects, and research focusing on cultural diversity/or healthcare disparities.
5. Increase retention of nurses from diverse backgrounds by supporting education, practice and research efforts through grant and scholarship opportunities.
6. New staff orientation content should include:
 - a. Practice standards for cultural competence
 - b. Cultural competency critical thinking exercises taught via interactive videos and case studies
 - c. Participation in cultural simulation group activities.
7. Examples of specific cultural competency resources for Advanced Practice Nurses (APNs) and staff nurses are:
 - a. The CLAS Standards (National Standards for Culturally and Linguistically Appropriate Services) in health care⁽³⁹⁾
 - b. "Bafa Bafa"⁽⁴⁵⁾ and "BARNGA"⁽⁴⁶⁾ Cultural Simulations
 - c. Culturally Competent Nursing Modules⁽⁴⁷⁾
 - d. Cultural Competency Curriculum Modules (designed for physicians, but also carries accreditation for APNs).⁽⁴⁸⁾

STANDARD 8. EDUCATION AND TRAINING. Nurses shall be educationally prepared to promote and provide culturally congruent health care. Knowledge and skills necessary for assuring that nursing care is culturally congruent shall be included in global health care agendas that mandate formal education and clinical training, as well as required ongoing, continuing education for all practicing nurses.

The International Council of Nurses (ICN) acknowledges the requirement for nurses to receive "appropriate

initial and ongoing education and training as well as life-long learning to practice competently within their scope of practice⁽⁵⁰⁾ and that those who “are major participants in the planning and direction of nursing education, nursing services, regulatory bodies, and other health related activities⁽⁵⁰⁾ will responsibly fulfill this global scope of nursing education and practice. Governmental agencies, NGOs, and national nursing associations are responsible for overseeing and regulating the education of nurses.

The ICN position supports the integration of cultural care knowledge and training for cultural competence into all levels of nursing education. In addition, continuing education of nurses in culturally competent care is increasingly becoming a requirement for accreditation of healthcare organizations by such agencies as the Joint Commission of the Accreditation of Healthcare Organizations (JCAHO)⁽⁵¹⁾

Education for culturally competent care encompasses knowledge of the cultural values, beliefs, and healthcare practices of individuals and/or groups to whom they provide care. Specifically, the nurse should be prepared to conduct a cultural health assessment and subsequently provide culture-specific, optimal health care for individuals, as determined by their condition and healthcare needs.

Suggestions for Implementation of Standard 8

1. Use teaching strategies that:
 - Increase the understanding of other cultures and peoples
 - Increase the recognition of global sociopolitical issues that relate to health
 - Increase the commitment to make a difference
 - Provide for experiencing personal and professional growth
 - Contribute to professional development in the host country
 - Make interpersonal and intercultural connections
 - Develop sensitive and effective cultural competence⁽⁵²⁾
2. Require that all levels of education include culturally competent care knowledge and practice skills.⁽⁵³⁾
3. Include faculty in nursing education who are transcultural nursing experts in order to provide consultation, formal education, continuing education, and practice skills for culturally competent care.
4. Provide coursework specific to the content of cultural competency knowledge.
5. Integrate cultural knowledge and practice throughout nursing curricula.
6. Use cross cultural, international service-learning experiences that involve students practicing in cultural environments different from their own, if resources permit.
7. Promote partnerships in education for culturally competent care as a strategy for increasing sensitivity and respect for other cultures.⁽⁵⁴⁾
8. Include in the curriculum ways to establish international partnerships.
9. Encourage faculty to develop international experiences and require student projects from partnerships with an international nursing program, if resources permit.
10. Develop a continuing education program for nursing staff for cultural competency training.
11. Conduct faculty continuing education program that increases faculty awareness of culturally bound learning and communication styles.
12. Celebrate cultural differences through institutional celebrations, special events, and activities.
13. Establish policies for zero tolerance for discrimination.
14. Utilize cultural immersion exchange programs.
15. Utilize role models to assist students and newly graduated nurses to respond appropriately to cultural experiences and expectations.
16. Utilize educators and nurses in practice from diverse backgrounds to develop a mentoring network.
17. Identify faculty and student barriers to tolerance, and make infrastructure modifications accordingly.

STANDARD 9. CROSS CULTURAL COMMUNICATION. Nurses shall use effective, culturally competent, communication with clients that takes into consideration the client’s verbal and nonverbal language, cultural values and context, and unique healthcare needs and perceptions.

It is through effective, transcultural communication with clients that respect, dignity, and the preservation of human rights are maintained.⁽⁴⁾ Failure in communication can easily be interpreted as bias, stereotyping, or prejudice and subsequently influence the quality of care.⁽⁵⁵⁾ Nurses must strive to comprehend client healthcare needs through effective listening, attentive body language, eye behavior, and clarity in linguistic dialog. Other specific cultural nonverbal communication may include attention to time, space, distance, modesty, touch, silence, dress, provider gender, and other unique cultural patterns and expressions.

Familiarity with cultural context is essential for nurses striving to provide effective culturally competent

communication. Cultural and environmental context refers to the totality of an event or experience that gives meaning to people's expressions, interpretations, and social interactions within their particular specific cultural settings.⁽⁵⁶⁾ If a client's verbal language and or cultural values are unfamiliar to the nurse, it is essential to find an appropriate and qualified interpreter, keeping in mind that cultural values, social class, and gender all influence the interpretation process.⁽⁵⁷⁾ It is critical that the healthcare system provides resources for interpretation when appropriate. Bilingual staff with specific job descriptions to assist with interpretation is helpful. Interpreters must ensure confidentiality, be knowledgeable about specific healthcare language, and conduct all sessions in an ethical manner.⁽⁸⁾ The use of family members, especially children, as interpreters must be employed with caution, as privacy issues and bias in interpretation are potential risks. At all times, the nurse should be present during the interpretation process, in order to observe nonverbal language, advocate for the client, and assist the interpreter as necessary. Clinically important, care-specific phrases such as "Are you having pain?", spoken in the client's language, shows respect and willingness to value language and cultural diversity. All print and other media provided for clients must be selected with respect for client language, cultural values, age, and learning level. Print material must be clearly translated before distribution.

Suggestions for Implementation of Standard 9

1. Include training in the skills of interviewing clients of diverse cultures as part of a nurses' orientation program.
2. Provide resources for translation and interpretation within the organization, when possible.
3. Provide accessible references for nurses to learn about specific cultural contexts, ethnohistories, and common language terms when particular client groups are represented in the clinical setting.
4. Provide print media in client language that interprets clearly for clients.
5. Encourage nurses to observe for nonverbal communication while caring for clients who cannot communicate in the dominant language.
6. Include discussion of cultural values, environmental context and language in staff meetings or in-service programs.

STANDARD 10. CROSS CULTURAL LEADERSHIP. Nurses shall have the ability to influence individuals, groups, and systems to achieve positive outcomes of culturally competent care for diverse populations.

Nurses should be grounded in an understanding of the social and cultural determinants of health and the

knowledge that human ailments are reflective of long-standing social inequities.⁽⁵⁸⁻⁶²⁾ Culturally competent nursing leadership promotes changes in self, other professionals, and organizations to achieve positive health outcomes for individuals, families, communities, and populations. Nurses should take a leadership role in designing organizational policies and systems of care that strive for equity in access to high-quality care and treatment, protection of human rights, advocacy for social justice, and achievement of optimal outcomes of care in diverse populations. Nurses should be actively engaged and facilitate involvement of their organizations in community development and empowerment through local, national, and international partnerships.⁽⁹⁾

Inherent in cross cultural leadership is the commitment to ongoing self-development in cultural competence. Cross cultural leadership requires self-awareness and self-reflection, sensitivity to cultural differences, and adaptability to various contexts of care. Nurses use leadership skills to implement systemwide programs for staff development in order to promote organizational cultural competence. Nurses need to assume a leadership role in promoting research and integration of best evidence in health promotion and care of culturally diverse patients and communities.⁽⁶³⁾⁽⁶⁴⁾ Nurses should ensure adherence to national and international standards of health care and evidence-based practice, and model culturally competent adaptation of these standards to different life contexts of individuals, families, and communities.⁽⁶⁵⁾

Suggestions for Implementation of Standard 10

1. Implement systemwide interdisciplinary programs for cultural competence development of organizational staff.
2. Implement culturally and linguistically appropriate care services responsive to the needs of the community (data collection of race/ethnicity and socioeconomic data on patients and communities, translation and interpretation services, patient navigators, accessible and affordable services).
3. Create collaborative partnerships to facilitate community participation in governance, organizational investment in the health of its communities and effective communication between providers and organizations, and the community of diverse consumers.
4. Establish systems for coordination of care services with different healthcare organizations, government, and nongovernmental agencies, healthcare providers, and lay communities in local, national, and global contexts.
5. Develop monitoring system of assessing staff cultural competence, evaluating effectiveness of policies and programs, and patient and community

satisfaction with care services specific to care equity and elimination of health and healthcare disparities.

6. Establish policies and systems to ensure quality improvement in care effectiveness of staff and the organization in addressing care needs of diverse patients and communities.
7. Provide support for staff participation in collaborative outcomes research, translational research, and in integrating best evidence in care services specific to diverse patient populations.

STANDARD 11. POLICY DEVELOPMENT. Nurses shall have the knowledge and skills to work with public and private organizations, professional associations, and communities to establish policies and standards for comprehensive implementation and evaluation of culturally competent care.

Cultural competency needs a multilevel approach with assessments and interventions needed at the individual, organizational, group, and societal levels. Elimination of national and global health disparities necessitates changing healthcare delivery and social systems through policy development.⁽⁹⁾ Policies have greater impact on changing systems and health of populations. Health achievement especially for vulnerable groups is intimately linked with socioeconomic, political situations, and ecological factors with consequent cumulative risks to health.⁽⁵⁸⁾⁽⁵⁹⁾⁽⁶⁶⁾ Nurses should have the understanding of the sociopolitical structure and processes of policy making. Nurses should have the ability to work with different groups and organizations to establish policies addressing social and environmental inequities and disparities in health care.⁽⁶⁷⁾⁽⁶⁸⁾ Involvement with professional and civic organizations provides a forum for understanding broad social issues affecting health of populations and developing the skills in building effective coalitions at local, national, and global arenas to effect change.⁽⁶³⁾

Suggestions for Implementation of Standard 11

1. Establish the structure and policies to reward membership and engagement of nurses in professional and civic organizations.
2. Develop programs and initiatives to facilitate involvement of the organization and nurses in communities.
3. Develop a system for linking nurses with appropriate mentors in the political process of policy development.
4. Implement continuing education programs to develop leadership and collaborative skills of nurses.

5. Build a forum to develop social consciousness of nurses and the capacity to evaluate programs and policies at the organizational and societal level.

STANDARD 12. EVIDENCE-BASED PRACTICE AND RESEARCH. Nurses shall base their practice on interventions that have been systematically tested and shown to be the most effective for the culturally diverse populations that they serve. In areas where there is a lack of evidence of efficacy, nurse researchers shall investigate and test interventions that may be the most effective in reducing the racial and ethnic disparities in health outcomes.

Evidence-based practice is an approach that bases clinical and administrative decisions and practice strategies on a combination of three sources of evidence: the best available research findings, clinical expertise, and patient values.⁽⁶⁹⁾⁽⁷⁰⁾ The goal of evidence-based practice is to use the most effective nursing interventions to improve the health outcomes of the patients.⁽⁷¹⁾ To date, however, very few studies have used randomized control trials, which yield the higher levels of research evidence, to test culturally congruent interventions. Nevertheless, a large body of qualitative research has investigated cultural variations in healthcare values, beliefs, and practices that can guide the nurse in providing culturally congruent care.

In order to reduce racial and ethnic disparities in health outcomes,⁽⁷²⁾ nurse researchers need to conduct significantly more studies of effective interventions with these populations. Most studies of these populations are descriptive and exploratory in nature and currently are providing the basis for future intervention studies. The need is increasingly urgent to determine which interventions are the most effective for these patients, who may have a unique set of health values, beliefs, and practices, as well as social and political circumstances influencing health status. In addition, the consequences of globalization and political unrest have caused large migrations of peoples to areas where the healthcare professionals are not familiar with these patients' ways of preserving health and treating illness. Nurse researchers have the ability and obligation to provide nurses with systematically tested, clinically useful, and effective interventions for these culturally diverse populations.

Suggestions for Implementation of Standard 12

1. Provide nursing staff with resources, such as, in-service classes or consultations, on improving library search skills for research studies.
2. Utilize librarian of local health science library to assist staff improve their skills in performing literature searches for nursing research studies.

3. Provide nursing staff with resources, such as consultation and mentoring with local nursing faculty, for improving research critique skills.
4. Establish unit-based, evidence-based practice journal clubs for nurses.
5. Establish unit-based, evidence-based committees to investigate a nursing problem that is unique to their unit.
6. Utilize research-based practice protocols developed by specialty organizations as guides.⁽⁷³⁾
7. Form interdisciplinary team to develop a quality improvement project or research study, which capitalizes on varied areas of expertise in the research process.
8. Consult with local faculty for expertise in research process and study design.
9. Develop faculty teams of researchers to capitalize on varied expertise and to apply for funding.
10. Develop networks with clinical facilities with high proportions of patients from diverse populations in order to have sites for conducting research.

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Standards of Practice for Culturally Competent Nursing Care REQUEST FOR COMMENTS

The authors request your evaluation of this document, specifically for its applicability to nursing and healthcare delivery in your country. In order for your comments to be tabulated and aggregated with all others, please enter your responses on the following Web site: <http://www.tcns.org/>. Preliminary data collation and analysis will begin on January 1, 2010.

PART I

1. Is the term "culturally competent" care an accurate or appropriate description of this concept?
 Yes No
 If not, give rationale.
 If not, what other term would you suggest?
2. Are these standards relevant to nursing practice in your country?
 Yes No Comments: _____
3. Do you believe you could implement the standards as they are currently presented?
 Yes No Comments: _____
4. What challenges, if any, would you have in implementing these standards?
5. What resources (e.g., economic, political, human) would you need to implement these standards as they are currently presented?
6. Provide any comments you would like to make about the specific standards (500 words or less).
 - A. Social Justice
 - B. Critical Reflection
 - C. Transcultural Nursing Knowledge
 - D. Cross Cultural Practice
 - E. Healthcare Systems and Organizations
 - F. Patient Advocacy and Empowerment
 - G. Multicultural Workforce
 - H. Education and Training
 - I. Cross Cultural Communication
 - J. Cross Cultural Leadership
 - K. Policy Development
 - L. Evidence-Based Practice and Research
7. General Comments: _____

PART II

1. In which country or countries do you practice nursing?

2. What is your educational preparation? _____

 (Explain any abbreviations)
3. Primary employment setting?
 - a. Governmental agency
 - b. University or college/school
 - c. Hospital
 - d. Clinic
 - e. Public health agency
 - f. Professional organization
 - g. Retired
 - h. Other Please specify: _____

4. What is your position/job title? _____

5. Do you have a current leadership position in a professional nursing organization?
 No Yes If yes, specify _____

6. What is your gender?