



Position Statement



PROMOTING CULTURALLY COMPETENT CARE

KEY CONCEPTS

Cultural competence is the application of knowledge, skill, attitudes and personal attributes required by nurses to provide appropriate care and services in relation to cultural characteristics of their clients.¹ Cultural competence includes valuing diversity, knowing about cultural mores and traditions of the populations being served and being sensitive to these while caring for the individual.

CNA believes that to provide the best possible patient outcomes, nurses must provide culturally competent care.

CNA believes the responsibility of supporting culturally competent care is shared between individuals, professional associations, regulatory bodies, health services delivery and accreditation organizations, educational institutions and governments.

RESPONSIBILITIES

Responsibilities include, but are not limited to the following:

- *Individual nurses* are responsible for acquiring, maintaining and continually enhancing cultural competencies in relation to the clients they care for. They are responsible for incorporating culture into all phases of nursing process and in all domains² of nursing practice.
- *Professional and Regulatory Nursing Organizations* are responsible to establish and promote standards encouraging culturally competent care. As well, they are responsible to encourage and support the integration of people from diverse backgrounds into the profession.
- *Accreditation Organizations* are responsible to develop and test performance indicators and to measure health care organizations' ability to provide culturally competent care and positive responses to diversity.
- *Educational Institutions* are responsible to integrate issues of diversity and culture into curricula and to provide educational programs that enable nurses to acquire, maintain and enhance cultural competencies. They are responsible to remove barriers and promote access to education for members of diverse communities and to provide programs that aid nurses from diverse cultures to make the transition to work effectively in the Canadian health care system. They are also responsible to carry out research related to cultural competence in collaboration with other stakeholders.
- *Government* is responsible to promote a climate of diversity and acceptance, to fight racism and to ensure that health care systems promote culturally competent care. Government is also responsible to provide funding to enable the provision of culturally competent health services and the research that supports an evidence-based approach.

¹ A client may be an individual, a family, a group or a population.

² Domains of nursing practice include clinical practice (direct care), education, research and administration.

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- *Health Service Delivery Organizations* are responsible to create environments that promote a positive response to diversity. They are also responsible to organize physical and psychological structures, systems and supports for the delivery of culturally competent care. Systems and supports include:
 1. Developing, implementing and regularly evaluating organizational policies and practices to ensure cultural competence;
 2. Ensuring effective cross-cultural communication with diverse clients;
 3. Providing regular and frequent professional development opportunities and resources in order to build the cultural competence of staff;
 4. Developing, implementing and evaluating strategies to recruit, retain and integrate people from diverse backgrounds and culturally competent staff throughout the organization;
 5. Designing, implementing and evaluating services to meet the health care needs of the community;
 6. Ensuring active and meaningful participation and representation of community members in organizational processes, including governance, by identifying and implementing innovative strategies.
 7. Regularly evaluating results of efforts and monitor progress toward cultural competence; and
 8. Establishing mechanisms to develop meaningful research and evaluation methodologies, knowledge and data.³

BACKGROUND

Canadian nurses⁴ define culture broadly, referring to shared patterns of learned behaviours and values that are transmitted over time, and that distinguish the members of one group from another.⁵ In this broad sense, culture can include: ethnicity, language, religion and spiritual beliefs, gender, socio-economic class, age, sexual orientation, geographic origin, group history, education, upbringing and life experiences.⁶

It is important for nurses to provide culturally competent care to Canadians. The three main reasons are as follows.

- Nurses have a duty to provide ethical care to their patients. CNA's *Code of Ethics for Registered Nurses* provides clear guidance about how nurses carry out professional responsibilities with respect to culture.
- Nurses are providing care to a Canadian population that has a greater variety of cultures than ever before. A comparison of 1996 to 2001 census results shows the per cent of visible minorities rose from 11.2 to 13.4.⁷ The proportion of the population with a mother tongue other than English or French rose by 12.5 per cent with Chinese having grown to the third most common mother tongue.⁸ While Canada is still predominantly Roman Catholic and Protestant in religion, there has been growth in Islam, Hinduism, Sikhism and Buddhism.⁹ The proportion of traditional nuclear families consisting of mother, father and children continued to decline over the last 20 years, in favour of a variety of combinations.¹⁰

³ Adapted from *Position Statement: National Initiative for Cultural Competence in Paediatric Health Care* by Second National Forum on Cultural Competency, 2002.

⁴ For the purpose of this statement, the term *nurse*, refers to a registered nurse.

⁵ (Dreher & MacNaughton, 2002).

⁶ (Canadian Mental Health Association, 2002).

⁷ (Statistics Canada, 2001).

⁸ (Statistics Canada, 2001).

⁹ (Statistics Canada, 2001).

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- In Canada, culture is considered to be one of the 12 key determinants of health. A determinant of health is a “complex set of factors or conditions that determine the level of health of all Canadians.”¹¹ Understanding and providing culturally competent care will make a difference to the health outcomes of many cultural groups including Canada’s aboriginal population. Aboriginals, primarily North American Indian, Métis and Inuit, have grown to comprise 4.4 per cent of the population in 2001¹² and have higher rates of infant mortality, chronic disease and suicide than other Canadians.¹³

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¹⁰ (Statistics Canada, 2001).

¹¹ (Health Canada, 2003).

¹² (Statistics Canada, 2001).

¹³ (Health Canada, 2003).

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Statistics Canada. (2001). Aboriginal Peoples of Canada. Retrieved September 9, 2003 from <http://www12.statcan.ca/english/census01/Products/Analytic/companion/abor/Canada.cfm>

Also see

CNA Position Statements:

Educational Support for Competent Nursing Practice (1998)

Evidence-Based Decision Making and Nursing Practice (2002)

Framework for Canada's Health System (2000)

Human Rights (1991)

International Trade and Labour Mobility (2000)

Related ICN Position Statements:

Ethical Nurse Recruitment (2001)

Nurses and Human Rights (1998)

Nurses and Primary Health Care (1978)

Nursing and Development (2000)

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