2.5: Cultural Competency within Organizations

Canada’s increased cultural diversity requires organizations to adapt their services to the demographic mosaic of our country. The delivery of culturally competent care cannot be effective without the implementation of culturally competent nursing values within health care organizations. Although social determinants of health affect people differently, health organizations must strive to adapt nursing and health care delivery to meet the needs of a culturally diverse population. Knowing that inequities affect health outcomes, both nurses and health organizations should strive to provide quality care that will take into account cultural diversity.

In the United States, issues of cultural competency among organizations represent a priority for the Office of Minority Health. The Office of Minority Health has contributed to the development of national standards for culturally and linguistically appropriate services (CLAS) in health and health care. There are 15 national CLAS standards directed at improving the quality of health care and advancing health equity within health organizations. The three main principles undergirding the standards are: (1) governance, leadership, and workforce, (2) communication and language assistance, and (3) engagement in continuous improvement and accountability.

Andrews and Boyle (2012) believe that organizational cultural competence involves characteristics shared within an organization. They assert that organizations must have principles and policies that will sustain nurses and other health care professionals to work effectively in diversity contexts. According to Andrews and Boyle (2012), these organizations will “value diversity, conduct self-assessment, manage dynamics of differences, acquire and institutionalize cultural knowledge, and adapt to diversity within hiring and staffing processes” (p. 18). While Douglas et al. (2014) state that a one-size-fits-all approach to cultural competency within an organization does not apply to all health settings and cultural groups, some general principles or guidelines may demonstrate organizational openness to cultural diversity. Douglas et al. (2012) define ten guidelines that support cultural competency at the instructional level: (1) knowledge of cultures, (2) education and training in culturally competent care, (3) critical reflection, (4) cross-cultural communication, (5) culturally competent practice, (6) cultural competence in health care systems and organizations, (7) patient advocacy and
empowerment, (8) multicultural workforce, (9) cross-cultural leadership, and (10) evidence-based practice and research.

Although we refer you to the article by Douglas et al. (2014) for further details, the guidelines delineate the critical role played by nurse managers and administrators in creating a positive and open environment for managing cultural diversity. Also, health care organizations must provide the tools and context for nurse leaders to support cultural competency. Andrews and Boyle (2012) underscore the need for training and education in cross-cultural communication, as well as access to linguistically adapted tools and to interpreters who can also act as cultural brokers, enabling the understanding of behaviours, attitudes, and norms about experiences of health and illness. Cultural competency also implies that organizations will be mindful of cultural diversity within their organizations. The ongoing issue of nurse migration illustrates the need for health agencies to develop strategies to address cultural conflicts and support internationally educated nurses in their adaption to a new working environment (Douglas et al., 2014).

In summary, cultural competency is a core competency required from all nurses. Providing culturally competent nursing care is an ethical and respectful way to acknowledge that one’s clients, families, and communities see health and illness in ways that may differ from oneself. Cultural competency does not require nurses to know every detail about peoples’ ethnocultural backgrounds. Cultural competency is about demonstrating attitudes of openness and flexibility to enter into a meaningful dialogue with clients or families (Bourque Bearskin, 2011; Woods, 2010). Respect and ethical practice are the hallmarks of cultural competency. Cultural competence is closely aligned with the concept of caring (Leininger, 1995). Caring always involves the respect of cultural differences and cultural diversity (Racine, 2014). To achieve cultural competency, nurses must also be mindful of power relations. As such, nurses must examine their own cultural values and the attitudes they bring to their nursing practice with diverse ethnocultural groups.