3.7: Theories and Models of Cultural Competency

There are a number of conceptual models and theories that exist to guide the application of cultural competency in nursing education. One of the major critiques is that these theories or models of cultural competency remain patient or client-oriented rather than focused on organizations.

The lack of utilization of nursing cultural theories to guide research about organizational cultural competency may be associated with the fact that competency has been studied from an individual point of view rather than from an organizational perspective. It also means that nursing remains culturally homogenous. A substantial body of knowledge on internationally educated nurses has been developed over the years, but less research has been done on issues of managing cultural diversity in nursing management. In the context of mass migration and globalization, nurse leaders may need to review Leininger’s cultural care diversity and universality theory in applying best managerial practices to integrate migrant nurses and other forms of diversity (generational, demographic) (McFarland & Wehbe-Alamah, 2017).

The purpose of Leininger’s theory on cultural care diversity and universality is to “discover, document, know, and explain the interdependence of care and culture phenomena with differences and similarities between and among cultures” (McFarland & Wehbe-Alamah, 2017, p. 5). While care, caring, and culture represent central concepts of the theory, Leininger found the concepts of emic and etic knowledges, ethno-history, environment, worldview, and professional nursing care as profoundly influenced by culture (McFarland & Wehbe-Alamah, 2017). In using these latter concepts, it becomes possible to apply Leininger’s theory to explore organizational cultures. The emic knowledge represents the people’s, participants’, clients’, families’, or communities’ knowledge, whereas the etic knowledge describes professional (elitist) knowledge. Ethno-history refers to the “facts, events, instances, and experiences of human beings, groups, and institutions that occur over time in particular contexts that help explain past and current lifeways [practices]” (McFarland & Wehbe-Alamah, 2017, p. 15). The environmental context refers to the social, cultural, economic, and technological factors that influence corporations and organizations.
The use of cutting-edge technology influences nurse managers’ decisions, as well as their perceptions of complex health care problems. A worldview refers to an individual’s perception of issues of everyday life like health, illness, and the delivery of health services; this worldview reveals societal and organizational values. Also, worldviews can be seen as ideologies that influence health care organizations and define missions and strategic planning activities. Leininger’s theory can be applied to explore, discover, and understand an organizational culture and how it affects the vision, mission, and delivery of health care services. Leininger’s theory is a grand nursing theory, and due to its broad scope, one can more easily shift its focus from individual nurses to a health care organization.

**Essential Learning Activity 2.6.1**

Review four of the references provided below and select a key takeaway from each to discuss with your classmates.

For more information on diversity, see “Sustaining the Workforce by Embracing Diversity” on the Canadian Nurses Association’s website.

For more information on cultural competency, see Dr. Josepha Campinha-Bacote’s “Process of Cultural Competence in the Delivery of Healthcare Services.”

For more information on cultural competency and cultural safety, see “Cultural Competence and Cultural Safety in Nursing Education. A Framework for First Nations, Inuit and Métis Nursing” (2009) published by the Aboriginal Nurses Association of Canada (now the Canadian Indigenous Nurses Association).

For more information on cultural competency, see the Canadian Nurses Association’s “Position Statement on Promoting Cultural Competency in Nursing.” (2010)

For more information on cultural competencies, see the Saskatchewan Registered Nurses’ Association’s “Standards and Foundation Competencies for the Practice of Registered Nurses.” (2013)

For more information on cultural safety, see the Nursing Council of New Zealand’s “Guidelines for Cultural Safety, the Treaty of Waitangi and Maori Health in Nursing Education and Practice.” (2011)

For more information on Dr. Madeleine Leininger’s theory of cultural care diversity and universality, visit the website of the Transcultural Nursing Society.

For information on cultural competence, see the website of the US Office of Minority Health.

For more information on competencies, see the American Organization of Nurse Executives’ “Nurse Manager Competencies.” (2015)

**Essential Learning Activity 2.6.2**

Divide yourselves into groups of four or five. Choose an ethnocultural group to study and discuss. (Your instructor will circulate a sign-up sheet with a list of groups that are present in your geographic area.) As a group, prepare a 10- to 15-minute presentation for the class (10 minutes for the presentation and 5 minutes for discussion and/or questions). In your presentation, you should:
• provide information about your chosen ethnocultural group;
• identify cultural factors that may influence health care services for individuals that belong to that group; and
• identify culturally sensitive strategies that may have a positive impact on the provision of care.

In your discussions, consider the following: How would an employee from each identified cultural group affect the workplace? When does nursing care become culturally unsafe? Why does cultural safety remain unachieved in nursing?

2.6 THEORIES AND MODELS OF CULTURAL COMPETENCY

There are a number of conceptual models and theories that exist to guide the application of cultural competency in nursing education. One of the major critiques is that these theories or models of cultural competency remain patient or client-oriented rather than focused on organizations.

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