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Review Article

Nurses' Cultural Competence: a scoping review

Competência cultural de enfermeiros(as): uma revisão de escopo

Competencia cultural de las enfermeras: una revisión de la alcance

Karin Rosa Persegona Ogradowski[I, II], Davi Paula da Silva[II], Tatiane Herreira Trigueiro[I], Marilene Loewen Wall[I]

[I] Universidade Federal do Paraná, Curitiba, Paraná, Brazil
[II] Faculdades Pequeno Príncipe, Curitiba, Paraná, Brazil

Abstract

Objective: to map the scientific evidences on the use of the Cultural Competence Nursing Care Model. **Method:** scoping review, retrieval held in November 2023, in six databases, including primary or secondary studies, in Portuguese, English or Spanish, published from 2002. Results: 11 studies included, six evidenced the use of the model in the context of care-delivery nursing. **Conclusion:** the Cultural Competence Nursing Care Model is a contributor to the professional development as well as to culturally responsive healthcare services, once its constructs ground nurses' self-perception as cultural beings, the search for knowledge and skill development on diversified cultures, fostering care encounters permeated by decision-making and professional performance that considers ethnic cultural diversity.

Descriptors: Nursing; Healthcare Models; Culturally Competent Care; Cultural Diversity; Professional Competence

Resumo

Objetivo: mapear as evidências científicas sobre a utilização do Modelo de Cuidado de Competência Cultural de Enfermeiros. **Método:** revisão de escopo, buscas realizadas em novembro de 2023, em seis bases de dados, incluindo estudos primários ou secundários, em português, inglês ou espanhol, publicados a partir de 2002. **Resultados:** incluídos 11 estudos, seis evidenciaram o uso do modelo no contexto assistencial e cinco, no de formação em Enfermagem. **Conclusão:** o Modelo de Cuidado de Competência Cultural de Enfermeiros apresenta-se como um contributo para o desenvolvimento profissional e de serviços de saúde culturalmente responsivos, pois seus constructos subsidiam a autopercepção dos enfermeiros como seres culturais, a busca pelo conhecimento e desenvolvimento de habilidades sobre diferentes culturas, proporcionando que os encontros de cuidado sejam permeados pela tomada de decisão e o agir profissional em consideração à diversidade étnico-cultural.

Descritores: Enfermagem; Modelos de Assistência à Saúde; Assistência à Saúde Culturalmente Competente; Diversidade Cultural; Competência Profissional

Resumen

Objetivo: mapear evidencia científica sobre el uso del Modelo de Atención por Competencia Cultural para Enfermeros. **Método:** revisión de alcance, búsquedas realizadas en noviembre de 2023, en seis bases de datos, incluyendo studios primarios o secundarios, en portugués, inglés o español, publicadas desde 2002. **Resultados:** 11 estudios incluidos, seis mostraron el uso del modelo en el contexto de atención y cinco, en el contexto de la formación en Enfermería. **Conclusión:** el Modelo de Atención por Competencia Cultural para Enfermeros se presenta como una contribución al desarrollo profesional y a los servicios de salud culturalmente sensibles, ya que sus constructos apoyan la autopercepción de los enfermeros como seres culturales, la búsqueda de conocimientos y el desarrollo de habilidades sobre diferentes culturas, permitiendo los encuentros asistenciales estén permeados por la toma de decisiones y la acción profesional teniendo en cuenta la diversidad étnico-cultural.
Descriptores: Enfermería; Modelos de Aténcion de Salud; Asistencia Sanitaria Culturalmente Competente; Diversidad Cultural; Competencia Profesional

Introduction

Nursing has human care in its uniqueness and integrality as its epistemological object and, among the dimensions, the cultural one. That is understood as the values, beliefs, customs, traditions, knowledge patterns and norms, at the individual as well as at the collective level, which reflect the way each person views the world, his/her decision-making and life perception. In addition, how a person views himself or herself and his/her family context. Therefore, in a global, multicultural, diverse society, Nursing needs to follow care models that promote the development and implementation of culturally responsive services.[1-3]

Leininger and McFarland's valuable contributions in the 1980s cast light on the concept of cultural diversity and the variables or differences in the care beliefs, meanings, patterns, values, symbols and lifestyles among individuals and cultures.[4] Based on these assumptions, Nurse Josepha Campinha-Bacote published[3] her Cultural Competence Nursing Care Model, in which nurses are prepared to deliver culturally responsive health care, that is, they take in consideration the ethnic cultural diversity of a person, family or community, their perception on the health-disease process, and the biological, ethnic and cultural factors that determine health maintenance.[3-4]

Campinha-Bacote still states that nurses must develop cultural care competence facing the demographic and economic changes in developing countries and in a multicultural world, along with the challenges of the long-term inequalities in the health status of people from different ethnic and cultural backgrounds.[3] Her model of cultural

competence is presented as a framework for the development and implementation of culturally responsive healthcare services.[2, 5-8]

The author identified five domains or constructs in her model of cultural competence, as follows: cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire.[3]

Construct 1 – cultural awareness refers to one's self-understanding and how culture influences one's world view and their prejudices; construct 2 – cultural knowledge embodies one's understanding of the situation and belief system of the other, searching for the knowledge on biological, ethnic, hereditary and genetic aspects that may influence on their needs and on the health/disease process (as examples, thalassemia, ethnic-biological differences that may influence in the absorption of medications, among others). [3]

Construct 3 – cultural skill, refers to the capacity of collecting unique data of patients from a certain culture, as the perception on health and disease varies to each individual. It recommends that healthcare professionals, nurses in particular, use assessment tools that promote the collection of information on patients' beliefs and values in a sensitive way. Construct 4 – cultural encounters, refers to the belief in the existing diversities on groups and among groups. Therefore, this perception is important while reviewing what is known by different cultural groups, avoiding stereotypes. [3]

Construct 5 – cultural desire was developed and described as the motivation and the desire to work with different cultural groups, and to engage in the process of cultural competence development. She claims that, without the cultural desire, the constructs remain incomplete in the journey for the development of the cultural competence.[3]

The Cultural Competence Nursing Care Model closely dialogues with the Sustainable Development Goals (SDGs), as part of the 2030 Agenda for the Sustainable Development, bring a universal call to end poverty, protect the environment, and ensure that all individuals have access to health and opportunities to well being, in an equitable, sustainable way.[9] In particular, the ethical and moral commitment of Nursing to SDGs 10 and 17, which aim at reducing inequalities in and among the countries. Additionally, the development of partnerships to foster the healthcare system by delivering accessible,

collaborative, interprofessional and quality services, particularly to the most vulnerable, thus helping to reduce the healthcare disparities.[9-10]

In view of that contextualization, the current study is justified while searching for the evidence scope on the use of the Cultural Competence Nursing Care Model at a global level, keeping in mind that its constructs have the potential to help the development of culturally responsive nursing healthcare services. Thus, its objective was to map the scientific evidence on the use of the Cultural Competence Nursing Care Model.

Method

It is a Scoping Review, research protocol registered in the Open Science Framework (OSF) (https://osf.io/zfwy9/) developed under the JBI recommendations and structured according to the PRISMA-ScR.[11-15]

In order to frame the review question, the mnemonic PCC was used, entailing population (nurses and social groups), concept (cultural competence) and context (care and education): how have nurses used the Cultural Competence Nursing Care Model for culturally responsive health care?

Search strategy of entries was established (DeCS or MeSH *terms*, depending on the databasis), among them, in Portuguese, as follows: *enfermeiras e enfermeiros* (1 synonym) OR *Enfermagem* (4 synonyms) AND *assistência à saúde culturalmente competente* (3 synonyms). In the PubMed databasis, the search strategy ((nurse[Title/Abstract] OR nurses[Title/Abstract]) OR (nursing[Title/Abstract] OR "hospital nursing service" [Title/Abstract] OR "nursing service"[Title/Abstract] OR "nursing services"[Title/Abstract] OR "nursing support" [Title/Abstract])) AND ("transcultural care" [Title/Abstract] OR "culturally competent care" [Title/Abstract]) was used.

Search was held by using different combinations in Portuguese, English and Spanish, aiming at retrieving studies related to the theme in six different databases, as follows: PubMed, *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), *Excerpta Medica Database* (EMBASE), *Web of Science*, Nursing Database (Base de Dados de Enfermagem – BDENF), and Latin American and Caribbean Literature on Health Sciences (Literatura Latino-Americana e do Caribe de Informações em Ciências da Saúde – LILACS).

Published articles in periodicals in Portuguese, English or Spanish were included, addressing the use of the Cultural Competence Nursing Care Model[3], disregarding the type of design, and considering publications from 2002, year of the model edition. After the search in the databases, the articles were exported to the Rayyan application, software used during the selection steps.

The first selection step comprised the duplicate exclusion, followed by the title and abstract reading, complying with the previously established criteria; going to the second step with those articles that met the criteria, when they were fully read. Both steps were held by two reviewers independently. In case of divergent decisions, a third reviewer was called on.

Data extraction was performed by means of a formulary, based on the JBI recommendations, with the variables as follows: title, year of publication, periodical, author(s), electronic page, country of origin, Digital Object Identifier (DOI), type of study, participants, cultural context and description of the use of the Cultural Competence Nursing Care Model.

After the analysis of the first study, the authors met and reviewed the obtained data in order to ensure consistent interpretation, as well as the review question and objectives were also contemplated. After this process, subsequent descriptive analysis of the other selected studies was conducted in an independent double way.

Data were analyzed based on the Cultural Competence Nursing Care Model, highlighting the contexts of Nursing performance.[16] Subsequently, they were presented indicating continents and countries of development, the type of study adopted and the cultural context where the model was used.

Results

Three hundred and sixty-nine (369) studies were identified and, after the analysis and exclusion of the duplicates, 217 studies remained. They were analyzed by reading their titles and abstracts, and 32 were selected for full reading. Among these, 11 were included in the final sample (Figure 1).

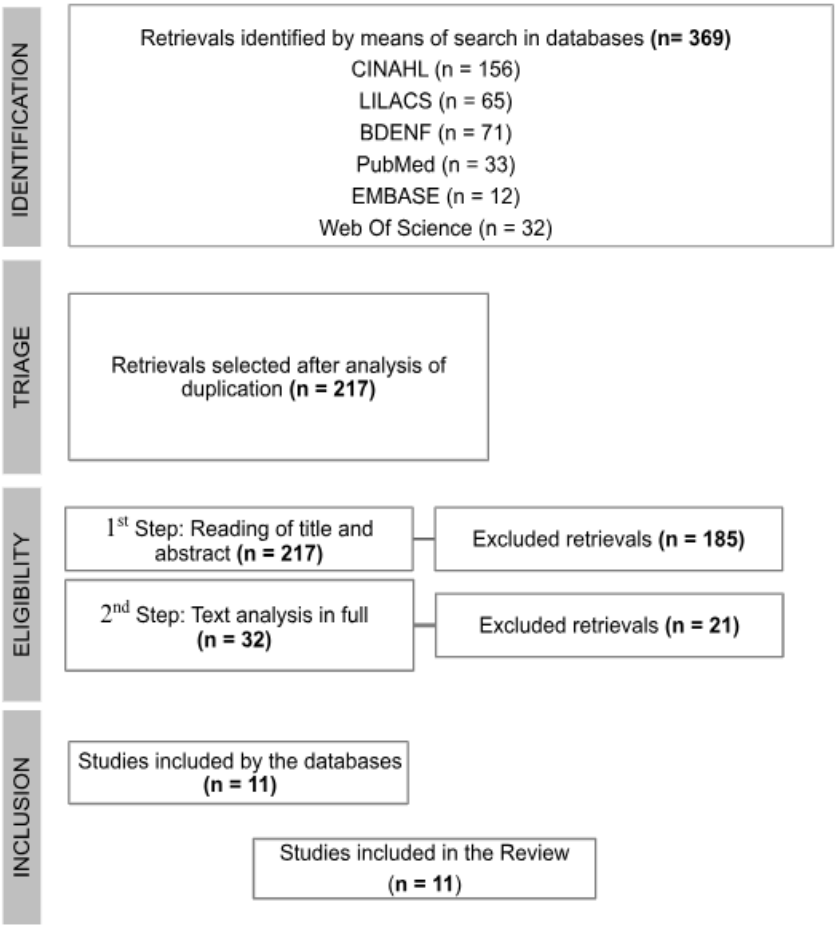

Figure 1 – Flowchart displaying the steps for article selection

Progressive increase in interest in the theme has been evidenced along the years, particularly since 2017, with publications in all consecutive years.

Regarding the continents and countries of its development, type of study adopted and cultural context of its use, Chart 1 displays this scenario.

Year	Type of study	Objective(s)	Population	Concept	Context
2008[17]	Qualitative/ Literature Review	To conduct a synthesis of transcultural nursing criticism. To explain the philosophical tensions underlying the diverse	Nursing undergraduates.	The model of Cultural Competence can be used to supply the scarcity of pedagogical approaches on the theoretical backgrounds and the definition of culturally	North America. United States of America (USA).

		pedagogical approaches to cultural education and the diversity in Nursing.		competent care.	
2012[18]	Reflective / Qualitative	To describe the transcultural Nursing concepts and to analyze their structure of intervention. To adapt the Self-assessment Instrument of Competencies for Cross-cultural Nursing Care to Disabled People.	Nurses and disabled people.	Cultural Competence Model gathers features that collaborate on the transcultural care for the disabled.	South America. Brazil.
2014[19]	Exploratory-Descriptive/ Qualitative	To know the strategies developed by foreign caregivers who take care of people from different ethnicities, and how they are integrated in the social, cultural and institutional contexts of the recipient society.	Nurses and dependent elders living within their family context.	Sometimes, foreign caregivers use strategies similar to their own beliefs, and prioritize them over the ones from the cared person or from the recipient society, generating cultural clashes. The Model of Cultural Competency guides nurses to family care, thus reducing cultural clashes.	Europe. Spain, Province of Huelva.
2017[20]	Exploratory-Descriptive/ Qualitative	To describe the expectations and experiences of transcultural care encounters among parents from ethnic minorities	Nurses and children's parents from ethnic minorities.	Nurses' general competencies were more relevant than the specific knowledge on patients' culture during transcultural care	Europe. Sweden, Pediatric hospital settings.

		during pediatric care delivery in Sweden.		encounters. The presence of bilingual and linguistically skillful nurses improved communication and parents' satisfaction in a multi-ethnic society, thus, meeting the concept of cultural competency.	
2018[21]	Exploratory-Descriptive/ Quantitative	To explore the cultural competence among Nursing undergraduates from a Nursing college in Saudi Arabia.	Nursing undergraduates.	Most students were aware of the cultural importance and coped with people from diversified cultures, but cultural education was considered poor. The implementation of guidelines for culturally competent care was recommended, focusing on the cultural heritage.	Asia. Saudi Arabia, Jeddah University for Health Sciences.
2019[5]	Qualitative / Content analysis	To identify the dimension of the cultural care in the interaction between nurses and puerperal patients.	Nurses and puerperal patients.	Nurses could not show efficient cultural competence in their interactions with puerperal patients, even in a stage of cultural awareness.	Europe. Portugal.
2020[6]	Mixed Methods/ Experimental Study	To describe the baseline level of self-reported cultural competence among Nursing undergraduates. To compare groups that learned about	Nursing undergraduates.	The use of standardized patients is an efficient teaching strategy in Nursing education, promoting significant increase in participants' cultural	North America. USA, East Coast.

		that subject only attending lectures, with those who learned by attending lectures and simulation with culturally diverse standardized patients.		competence, who reported initial nervousness, but considered the simulation extremely valuable.	
2020[7]	Mixed Methods/ Descriptive Exploratory	To explore Nursing teachers' cultural competency and their perspectives on teaching culturally competent care to their students.	Nurses, professors of the Nursing Posgraduation Program.	Faculty was culturally aware, and was approaching cultural competency.	North America. USA.
2021[8]	Reflective Qualitative	To describe the application of the constructs of the Cultural Competence Nursing Care Model among Nurses in the Radiology context.	Nurses from the Radiology area.	Cultural competence and cultural humility stress the importance in preparing healthcare labor force sensitive to diversity, to patient's autonomy and to interpersonal relations caring for people from different cultures, attentive to linguistic barriers that may hinder the way they understand the procedures, as well as the necessary consent terms to care delivery.	North America. USA.
2022[2]	Systematic Literature	To identify evidence on the	Nurses and patients who	Culturally competent	Central America

	Review	benefits of culturally competent nursing care in patients' well-being and satisfaction.	were cared for in different conditions and phases of their life cycle.	Nursing care evidenced the development of better nurse-patient relation, as well as greater satisfaction on the part of patients and their families.	Central, Europe, North America, South America, Asia, Colombia, Sweden, Venezuela, USA (California, Colorado, New York and Southwest region of the country), Hong Kong, Taiwan, Iran.
2023[22]	Quantitativo / Quasi-experimental study	To develop a transcultural learning program based on Nursing simulation with patients from the United Arab Emirates, and assess its effects on cultural competence and empathy among Nursing undergraduates in South Korea.	Nursing Undergraduates.	The simulation module developed in the study improved students' cultural competence and empathy levels, thus fostering the quality of their care delivery to Arab Muslims.	Asia. South Korea, which hosts patients from the United Arab Emirates for healthcare treatment.

Chart 1 – Characterization of 11 studies included in the scoping review, according to year, authors, title, type of study, cultural context and participants, Curitiba/Paraná State, Brazil, 2024

The Cultural Competence Nursing Care Model was used in studies from three continents: (North, Central, South) America, Europe and Asia, developed by scholars from 14 different countries, with ODS 2030 theoretical framework and interface. They

comprise six qualitative studies, two quantitative studies, two studies with mixed methods, and one is a systematic literature review.

Regarding the dimensions in which the Model was used, nursing care delivery (6 articles, 54.5%) and nursing education (5, 45.5%) stood out.

Use of the Cultural Competence Nursing Care Model in the context of nursing care delivery

The Cultural Competence Nursing Care Mode was used as the theoretical framework for the construction of the literature review on the benefits of culturally responsive care in different conditions and phases of the life cycle. Adults, adolescents, schoolers, elders with their family members and caregivers, cancer survivors and palliative care, patients suffering from anxiety, stress and depression, and also patients from programs promoting healthy practices. Cultural competence was presented as a process in which professionals are prepared to deliver efficient/responsive care within the cultural context of a person, family and community.[2]

In the Obstetrics context, in Portugal, the Cultural Competence Nursing Care Model grounded the research conception and implementation by using its constructs in order to design an instrument for data collection and analysis. Taking the concept of cultural competence as an ongoing process, the healthcare professional continuously strives to reach the capacity and availability for effective work within the cultural context of the individual, family and community. That demands steady process of searching for cultural competency on the part of nurses, instead of viewing themselves as culturally competent (which may generate stagnation, while cultural competency requires a dynamic process of search and cultural encounters). [5]

Nurses are deemed necessary to try to know puerperal women's care needs (encounters), facing other ways of being, thinking and acting. Additionally, due to this knowledge appropriation, they should demonstrate those women attention and cultural respect.[5]

In investigation comprising immigrant caregivers and specialized professionals on care delivery to dependent elders who lived in home context in Spain, the Cultural Competence Nursing Care Model was used to make nursing professionals aware of care

delivery facing cultural diversity, favoring the development of the interface between elders, family and immigrant caregivers.[19]

In Brazil, study objectifying the development of an instrument of Competence Self-assessment for the Transcultural Nursing Care of Disabled People used the Cultural Competence Nursing Care Model as one of the theoretical assumptions for its elaboration. The five constructs in the model were followed, evidencing that the development of skills in order to provide culturally competent or responsive care is based on cultural observation and knowledge of social groups.[18]

In the USA, the context of demographic change and increase in the cultural diversity has become challenging to nurses, as they need to deliver care for patients from several cultures, groups and belief systems. In 2019, 76% of the American population were white, followed by 13% African American, 18.5% latinos or Hispanic American, and 6% Asian-American.[23] The Model was used to ground nurses' culturally competent performance in the Radiology context. However, there was no application or assessment, once it was a propositional essay.[8]

In the European context, in Sweden, the Model was used as the theoretical and conceptual framework to elaborate an interview with parents from ethnic minorities, who could not speak Swedish, whose children were hospitalized. In the analysis, categories related to the "cultural knowledge" and "cultural encounters" constructs emerged. Parents, who remained with their children hospitalized for a long time, stated that nurses had proper cultural knowledge, due to the time that they had to get to know each other, and their cultural differences, which facilitated nurses-parents' cultural encounters. In the face of the disease severity and their child's risk of death, parents felt more sensitive and claimed to be very important that nurses understood their religious and cultural needs, respecting their religion and beliefs.[20]

Use of the Cultural Competence Nursing Care Model in the context of Nursing education

The care model based on cultural competence was used as an answer to the critically verified gap towards the theoretical perspectives and fundamental conceptualizations of culturally competent care applied to Nursing education in the USA

context. Despite the movement to standardize national curricular contents, there was no consensus regarding pedagogical approaches to cultural education in Nursing. Therefore, a literature review comprising 1996-2006 decade searched for caring and pedagogical models in order to ground cultural education in Nursing, as well as research and practice that reflected, in part, the professional value of including responses to the healthcare needs of diverse populations.[17]

Additionally, in the context of Nursing education in the USA, the five constructs of the Cultural Competence Nursing Care Model were used by means of the application of the "Inventory for Assessing the Process of Cultural Competence among Healthcare Professionals and the IAPCC-SC – student version".[24] It was a self-reported tool comprising 20 questions, with five subsets encompassing the five constructs of the cultural competence model.

After the application of this pre-test, there was a lecture on communication and cultural competency with several clients, followed by simulation focusing on brief health history and nutritional mini-assessment of patients with diversified cultural backgrounds. The content of the simulation was developed based on the five constructs; cultural knowledge was integrated by making the simulated patients use unknown cultural terms about their diet to students. Students obtained cultural knowledge by means of the lecture, specifically designed to ask patients questions on their culture. Cultural skills were integrated as students asked culturally appropriated questions during the nutritional mini-assessment. Cultural desire and cultural awareness were reached when the student was perceived to be actively involved in the simulation. In that moment, the cultural encounter was carried out.[24]

In the pre-test, students scored within the range of culturally aware. In order for an individual to reach cultural competence, cultural education needs to be developed beyond awareness, along with other constructs of cultural competence.[3] Nursing education on cultural themes and diversity, in addition to simulations, may contribute for undergraduates to develop cultural competence.[6]

In the context of Nursing Post-graduation, also in the USA, the authors justified the study, as it is deemed necessary that professors understand their own role, as well as their responsibility to foster students' cultural competence in order to

teach and collaborate for the development of cultural competency. Very often, faculty is not prepared to get involved in culturally responsive teaching in order to meet the anticipated needs.[3]

The Cultural Competence Care Model was used with the adoption of the Revised Inventory for Assessing the Process of Cultural Competence among Healthcare professionals (IAPCC-R).[3] It aims at the self-assessment of the cultural competence status among healthcare professionals, including five subscales (cultural awareness, cultural knowledge, cultural skill, cultural encounters and cultural desire), and each subscale entails five items. The added score of the 25 items may range from 25 to 100: 91 to 100 points indicates that the professional is culturally proficient; 75 to 90, the professional is culturally competent; 51 to 74, the professional has cultural awareness; and 25 to 50, the healthcare professional is culturally incompetent. The level of cultural competency among teachers, measured by the IAPCC-R was 75.38%, indicating that faculty was culturally aware, approaching cultural competence, according to the assumptions of the Care Model.[3,7]

Similarly, the Cultural Competence Nursing Care Model was applied with the adoption of the IAPCC-R[3] in the Jeddah University of Health Sciences, Saudi Arabia. In the results, undergraduates from the last year of the course scored high in the "cultural desire" construct, indicating that they had interest in becoming culturally competent. However, they needed greater encouragement to develop knowledge on patients' cultural aspects and cultural context.[21]

In South Korea, which hosts patients from the Arab United Emirates for health treatments, the importance of the cultural competence and empathy have increased due to the number of foreigners treated in the healthcare services. From 2009 to 2023, non-Korean patients' demand increased 23% in the hospital context. Thus, the study was conducted with Nursing undergraduates from South Korea.[22]

The Care Model based on Cultural Competence was adopted as the theoretical framework for the simulation carried out with Korean Nursing undergraduates. It was assumed that each culture is unique and has different perspectives on the way health care must be delivered, beyond genetic and biological variables. Therefore, Nursing education must promote the development of the cultural competency in order to

provide culturally competent care.[22]

Cultural competence is developed by experiences and cultural encounters, permeated by the awareness and cultural knowledge, thus becoming qualified for culturally competent care, which enables future nurses to get involved successfully in delivering care to culturally diverse patients. Therefore, traditional methodologies are not enough to improve undergraduates' cultural competence. Thus, simulation is presented as a way to promote cultural encounters objectifying the development of the cultural skill, which is part of the cultural competence constructs.[22]

Undergraduates, who had attended the discipline "Nursing and Multiculturalism" the former semester, participated in the study, accounting for 12 hours of lectures, case studies and discussion. Therefore, they had some theoretical background on the theme, as part of the "cultural knowledge" construct. From 52 participants, 88.5% were females; mean age of the whole group was 22.73 years.[22]

Participants' cultural competence and levels of empathy in the simulation improved significantly in relation to the students who had not attended the discipline, once this fact enabled students to integrate knowledge with skills and attitudes, thus improving their cultural competence. Although that proposal may be promising, it revealed some biases that should be solved in the future, such as cultural competence and empathy being assessed based on a self-reported instrument. In the future, it is expected to aggregate instructor's observation as a measure of result.[22]

Discussion

Along the past six decades, Nursing has developed as a science and profession, due to the work of its scientists, theorists and scholars, who collaborated to achieve such status. It has the social commitment to deliver health care for patients in the different stages of the health/disease process, grounded in ethics, legislation and its own knowledge. Nursing field has been in steady evolution, based on evidence, emerging from research and application of its theories and care models.[25-26]

The construction of nurses' professional identity and social representativity went through a historical process involving social, cultural, political, educational and health dimensions. In order to achieve their critical, reflective nature, the development of

humanized education was deemed necessary, grounded in knowledge, skills and attitudes, which go beyond the techniques in their practice. That is a discipline recognized as humanized, care-centered in its individual, familiar and collective scope, and has the Systematization of Nursing Care Delivery as the foundation of nurses' professional performance.[5]

Facing the changes in the global society, the Cultural Competence Nursing Care Model stands out as a process in which nursing professionals are prepared to deliver efficient health care within the cultural context of a person, family and community in the care delivery, education and or professional training.[2, 5-8, 17-22]

The global postmodern period is characterized by some cultural theories that claim a trend for greater global interdependence, which may lead to the fall of strong cultural identities, and it is producing the disruption of cultural codes, multiplicity of styles, emphasis on the ephemeral, the oscillating, the non-permanent, on the difference and on the cultural pluralism, leading to the cultural homogeneity.[27]

Perhaps, the most impressive example of globalization is the migration phenomenon. For economic, social reasons or poverty, hunger, drought, civil wars, national or regional economic problems, the accumulated external debt of governments to Western banks, the neediest people around the globe, in great number, eventually believe in the message of the global consumerism and move to where they consider that their higher chances of survival will be. It is interesting to point out that the author does not refer to globalization as a recent phenomenon, once Modernity is inherently globalizing, which led to the space-time compression by the technology and interactive ways.[27]

In the health care context, culturally competent or responsive care is a therapeutic opportunity that promotes the mediation between popular knowledge and professional knowledge in order to achieve patients, family and community's well-being and satisfaction in different contexts, that is, home, school settings or the health care system. Additionally, that is referred as evidence for patients, family and community's well-being and satisfaction. Undeniably, supporting the development of programs and health care policies for professionals' education with cultural competence is necessary to face the challenges of nursing care in a global, multicultural, diverse society.[2, 20]

Culturally competent or responsive care in Obstetrics implies that nurses have

some skills and knowledge, such as: interest, availability, involvement, communication, interaction, creativity, and flexibility to view the others as unique, singular in their diversity in the context of puerperal care.[5]

Foreign caregivers sometimes develop similar strategies to their own beliefs, prioritizing them over those from the care recipients or from the recipient society, pointed out in a study with elders at home care and their family members. That may cause cultural clashes. Nursing professionals must identify those clashes in order to intervene, using their education and cultural competence as tools for change, aiming at the culturally responsive care.[19]

Delivering culturally responsive nursing care, in the context of caring for disabled people, is related to the use of a conceptual model of nursing that builds up awareness and skills to render care. Thus, Nursing must provide a body of theoretical, philosophical and methodological knowledge that supports its actions facing the diversity of the society, leading to the development of competencies for delivering culturally responsive care.[18]

In the context of Nursing education, culturally responsive care was characterized as a set of knowledge, skills, behaviors and attitudes aligned with policies, agencies and health care systems that support and enable professionals to work effectively in cross-cultural situations. In other words, integrated actions in society, entailing policies and practices that foster the development of culturally responsive care by nurses. That reflects the awareness, knowledge, skill and availability for cultural encounters, with nurses' desire to meet patients' unique demands and needs, reflecting their culture, and what they understand about health and disease.[6, 17, 21-22]

Cultural competence perceived by faculty consisted on being open to adaptation and acceptance of the diversity, and to the appreciation and recognition of the diversity. They perceived their cultural competence as "being willing" to provide their students something unique about the patients. They reported that they were culturally competent, but they recognized the development of the cultural competence as a continuous process in need of daily practice.[7]

Nurses must develop cultural competence for caring in view of demographic, economic changes in developing countries, and in a multicultural world, with the challenges of long dated inequalities in the health status of people from different ethnic

and cultural origins. Therefore, the Cultural Competence Nursing Care Model [3] is presented as a framework for the development and implementation of culturally responsive healthcare services.[2-3,5-8,17-22]

Construct 1 – cultural awareness, refers to the process of objective reflection on the personal biases in relation to other cultures, as well as to one's own culture. When a patient is immediately identified as member of a cultural group, unconscious stereotypes and prejudices can be activated and, even if nurses object to assumptions and perceptions explicitely,[8] implied biases may affect, even subtly, the relation. Patients may perceive the prejudice in care delivery, and become relentless or reluctant to return to imaging exams or even treatments, which may contribute to perpetuate healthcare disparities.[2-3,5-8,17-22]

Construct 2 – cultural knowledge is applied to address health care disparities in an efficient way. Nurses need to broaden their knowledge on the cultural groups that they deliver care, and that can be done in three different aspects: beliefs, practices and values of a population towards health; incidence and prevalence of diseases among diverse populations; and efficacy of treatment among diverse populations. Continuing education of health care teams and nurses' leadership in the development of institutional protocols are related to competencies and training, as well as the evaluation of its impact on the levels of cultural competence.[2-3,5-8,17-22]

In **Construct 3** – cultural skill, nurses must be able to collect relevant cultural data of the patients that they deliver care, and making assumptions according to their physical appearance is not adequate. The approach on cultural assessment must be permeated by respect and professionalism, using assessment tools, such as the Nursing Process, in an individualized way, pointing out how one's culture influences the response to health or to disease. Being involved and showing interest in the patient may help improve communication and establishes the foundation for trust.[2-3,5-8,17-22]

In **Construct 4** – cultural encounter, face-to-face interactions between nurses and patients may contribute to enhance cultural competency, reduce healthcare disparities and promote safe care. Each encounter with patients from different cultures is a unique moment to nurses in the process of developing cultural competence. [2-3,5-8,17-22]

The idiom can be an obvious barrier for care delivery. Therefore, interpreters are

necessary, once the efficient communication contributes to patients' adherence to procedures and treatments. Studies evidence that the recruitment of nurses from similar cultural origins to the groups that they render care is a strategy to approach, understand, communicate and help patients in their trajectory. If that is not feasible, interpreters must be trained, nurses must render care with empathy, active listening, and culturally aware communication, which requires to search for non-verbal signs and listen to variations of voice inflection and tone.[3,8]

Construct 5 – cultural desire, means to become culturally competent, aware of that, culturally acquainted, culturally qualified, and searching for cultural encounters, not as an obligation. It means to be genuinely open and flexible to seek differences, and not to settle down in view of similarities. [2-3,5-8,17-22]

It is a process to be developed along the professional career, starting at the professional training. Teaching programs and continuing education must include issues such as the integration of cultural assessment in practice, the understanding of diverse patterns of non-verbal communication, the negotiation of culturally conflicting situations, and how to access the support services.[3,8]

Regarding limitations, although efforts had been performed to establish a comprehensive search strategy in six databases, and in three different idioms, it is possible that relevant works in other idioms and in other databases or gray sources (theses, dissertations, technical reports) have not been retrieved. Additionally, the review included publications until November 2023. Relevant studies published after that date were not considered, which may have affected the updating of the conclusions. Therefore, further research in order to expand the time span is pointed as necessary.

The Cultural Competence Nursing Care Model is an important contribution to education and professional development, as well as to culturally responsive healthcare services, according to the reported results.

Its constructs support nurses' self-perception as cultural beings, apart from guiding the search for knowledge and development of skills on patients from different cultures. Thus, it contributes for health care encounters to be permeated by decision-making and professional performance considering ethnic and cultural diversity.

In addition, this scoping review may support the development of cultural competence among nurses who perform in other contexts of the work process, whether in management, policing or research, as contributions to the area.

Conclusion

The current scoping review identified the prevalence of studies regarding the use of the Cultural Competence Nursing Care Model within the care-delivery dimension; and the educational dimension was also represented. The care model was present in research studies in most continents, with theoretical framework and interface to the ODS 2030, particularly to the 10th and 17th, which address the reduction of inequalities in and among the countries, as well as the implementation of partnerships to improve the healthcare system.

In the care-delivery context, mapping the knowledge on the use of the Cultural Competence Nursing Care Model may contribute to the professional development, and to the development of culturally responsive services, given its strength and potential to be applied in different care-delivery services, as a contributor to the continuous improvement of the nursing care.

On the other hand, in the context of Nursing education, the mapping may contribute to the theoretical and practical background of the cultural competence development assessment, applied to teachers and students in graduation and post-graduation, thus contributing to the culturally competent professional education.

Therefore, as contributions of this study, the Cultural Competence Nursing Care Model has the potential to enhance care actions in view of ethnic-cultural diversity, while rendering accessible, responsive, qualified, collaborative and interprofessional care, particularly, for the most vulnerable, thus helping reduce healthcare disparities.

References

1. Young S, Guo KL. Cultural diversity training: the necessity of cultural competence for health care providers and in nursing practice. Health Care Manag (Frederick). 2016;35(2):94-102. doi: 10.1097/HCM.0000000000000100.

2. Agrazal García J, McLaughlin de Anderson MM, Gordón de Isaacs L. Beneficios del cuidado de enfermería con congruencia cultural en el bienestar y satisfacción del paciente. Rev Cubana Enfermer [Internet]. 2022 jun [acceso 2024 ene 02];38(2):e4218. Disponible en: http://scielo.sld.cu/scielo.php?script=sci_arttext&pid=S0864-03192022000200014&lng=es.

3. Campinha-Bacote J. The process of cultural competence in the delivery of healthcare services: a model of care. J Transcult Nurs. 2002;13(3):181-4. doi: 10.1177/1045960201300300.

4. Leininger M, Mcfarland MR. Transcultural nursing, concepts, theories, research, & practice. 3rd ed. New York: McGraw-Hill Education / Medical; 2002.

5. Coutinho E, Amaral S, Parreira MVBC, Chaves CB, Amaral O, Nelas P. Nurses-puerperal mothers interaction: searching for cultural care. Rev Bras Enferm. 2019;72(4):910-7. doi: 10.1590/0034-7167-2018-0216.

6. Byrne D. Evaluating cultural competence in undergraduate nursing students using standardized patients. Teach Learn Nurs. 2020;15(1):57-60. doi: 10.1016/j.teln.2019.08.010.

7. Chen HC, Jensen F, Chung J, Measom G. Exploring faculty perceptions of teaching cultural competence in nursing. Teach Learn Nurs. 2020;15(1):1-6. doi: 10.1016/j.teln.2019.08.003.

8. Persaud S. Culturally congruent care in radiology nursing. J Radiol Nurs. 2021;40(3):227-31. doi: 10.1016/j.jradnu.2021.06.005.

9. United Nations (UN). Department of Economic and Social Affairs. The 17 Goals [Internet]. 2022 [cited 2024 Jan 22]. New York (US): UN; 2024. Available from: https://sdgs.un.org/goals.

10. Taminato M, Fernandes H, Barbosa DA. Nursing and the Sustainable Development Goals (SDGs): an essential commitment. Rev Bras Enferm. 2023;76(6):e760601. doi: 10.1590/0034-7167.2023760601.

11. Arksey H, O'Malley L. Scoping studies: towards a methodological framework. Int J Soc Res Methodol. 2005;8(1):19-32. doi: 10.1080/1364557032000119616.

12. Levac D, Colquhoun H, O'Brien KK. Scoping studies: advancing the methodology. Implement Sci. 5:69. doi: 10.1186/1748-5908-5-69.

13. Peters MD, Godfrey CM, Khalil H, McInerney P, Parker D, Soares CB. Guidance for conducting systematic scoping reviews. Int J Evid Based Healthc. 2015;13(3):141-6. doi: 10.1097/XEB.0000000000000050.

14. Amendoeira J, Silva MR, Ferreira MR, Dias H. Tutorial revisão sistemática de literatura: a scoping review [Internet]. Santarém (PT): Instituto Politécnico de Santarém; 2021 [acesso em 15 abr 2024]. Disponível em: https://repositorio.ipsantarem.pt/handle/10400.15/3784.

15. Salvador PTCO, Alves KYA, Costa TD, Lopes RH, Oliveira LV, Rodrigues CCFM. Contribuições da scoping review na produção da área da saúde: reflexões e perspectivas. Rev Enferm Digit Cuid Promoção Saúde. 2021;6:01-8. doi: 10.5935/2446-5682.20210058.

16. Sanna MC. Os Processos de trabalho em Enfermagem. Rev Bras Enferm. 2007;60(2):221-4. doi: 10.1590/S0034-71672007000200018.

17. Campesino M. Beyond transculturalism: critiques of cultural education in nursing. J Nurs Educ. 2008;47(7):298-304. doi: 10.3928/01484834-20080701-02.

18. Pagliuca LMF, Maia ER. Competência para prestar cuidado de enfermagem transcultural à pessoa com deficiência: instrumento de autoavaliação. Rev Bras Enferm. 2012;65(5):849-55. doi:

10.1590/S0034-71672012000500020.

19. García-Navarro EB, Gualda E. Cuidado transcultural y estrategias familiares ante la dependencia: el fenómeno de los cuidadores extranjeros. Aquichan. 2014;14(4):509-22. doi: 10.5294/aqui.2014.14.4.6.

20. Tavallali AG, Jirwe M, Kabir ZN. Cross-cultural care encounters in paediatric care: minority ethnic parents' experiences. Scand J Caring Sci. 2017;31(1):54-62. doi: 10.1111/scs.12314.

21. Halabi JO, De Beer J. Exploring the cultural competence of undergraduate nursing students in Saudi Arabia. Nurse Educ Today. 2018;62:9-15. doi: 10.1016/j.nedt.2017.12.005.

22. Shin M, Na H, Kim S. Enhancing cultural competency and empathy toward foreign patients for Korean nursing students through a simulation: a quasi-experimental study. Nurse Educ Pract. 2023;69:103615. doi: 10.1016/j.nepr.2023.103615.

23. United States Census Bureau. American Community Survey Updates: 2019 [Internet]. 2019 [cited 2024 May 02]. Available from: https://www.census.gov/programs-surveys/acs/news/updates/2019.html.

24. Fitzgerald EM, Cronin SN, Campinha-Bacote J. Psychometric testing of the inventory for assessing the process of cultural competence among healthcare professionals - student version (IAPCC-SV©). J Theory Constr Test [Internet]. 2009 [cited 2024 Jan 14];13(2):64-8. Available from: https://search.proquest.com/docview/89253367?pq-origsite%C2%BCsummon.

25. McEwen M, Wills EM. Bases teóricas de Enfermagem. 4ª ed. Porto Alegre: Artmed; 2016.

26. Taffner VBM, Pimentel RRS, Almeida DB, Freitas GF, Santos MJ. Teorias e modelos de Enfermagem como referenciais teóricos de teses e dissertações brasileiras: estudo bibliométrico. Rev Bras Enferm. 2022;75(4):e20210201. doi: 10.1590/0034-7167-2021-0201.

27. Hall S. A identidade cultural na pós-modernidade. 10ª ed. Rio de janeiro: DP&A; 2005.

Authorship contribution

1 – Karin Rosa Persegona Ogradowski
Corresponding author
Nurse, Doctoral Student – karin.ogradowski@ufpr.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

2 – Davi Paula da Silva
Nursing Undergraduate – davi.silva@aluno.fpp.edu.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

3 – Tatiane Herreira Trigueiro
Nurse, PhD – tatiherreira@ufpr.br
Research conception and/or development and/or manuscript writing; Review and approval of the final version

4 – Marilene Loewen Wall
Nurse, PhD – wall@ufpr.br

Research conception and/or development and/or manuscript writing; Review and approval of the final version

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