
This article was written by the American Association of Colleges of Nursing, which sets standards for education, research, and practice for the field of nursing. The article was written to address the extreme differences in health care and access to health care that patients face. The article is designed to help nurses see how various factors, including beliefs, values, religions, language, and social class affect the choices of their most vulnerable patients (i.e. ethnic minorities, the poor, and those who live in rural areas). The article serves as a guide to show nurses how they can use cultural competency skills, which is defined as “the attitudes, knowledge, and skills necessary for providing quality care to diverse populations.” The article emphasizes patient-centered care that “respects and addresses differences in patients’ values, preferences, and expressed needs.”

The article is based on a 2002 report by the IOM (Institute of Medicine) which indicated that even when insurance status, income, age, and the severity of the condition were the same, patients of different races were not given equal care.

The AAN considered five competencies that were considered essential for nurses graduating in their baccalaureate program:

1. Being knowledgeable of how a patient’s culture may affect how care is administered. This means understanding how “historical, political, and socioeconomic factors” impact how the patient responds to their treatment and diagnosis and using that information to plan, treat, and evaluate care.

   To teach students these skills, the authors recommend:
   
   - providing examples of case studies of patients reflecting differing historical, political, and socioeconomic factors
   - comparing and contrasting dominant cultural characteristics for patients that represent a certain group
   - creating a cultural care plan for patients and families from different cultures across various life spans
   - inviting community members representing specific cultures in to share their healthcare stories
   - having students to discuss how their culture affects how they have viewed medical care

2. Being able to critically examine source information and data that reveals information about the patient. This means being careful not to assume that information that is specific to one population or group is true for ALL populations or groups.

   To teach these skills, the author recommends:
integrating patients’ perspectives in planning care for them; in other words, this means not taking on the position of “I’m the expert, so I know what I’m talking about; so you should do what I say.”

- critically examining where the source of information comes from
- participating in the research process for caring for patients
- advocating for vulnerable populations in human subjects research
- incorporating research from “racial and ethnic specific research journals, such as Journal of the National Black Nurses Association,, or the Hispanic Healthcare International or the Journal of Transcultural Nursing.

3. Being sure that the outcomes of care are safe for all patients, regardless of their race or ethnicity

- Positive outcomes result from a collaboration with healthcare professionals, patients and their families. This means being able to communicate cross-culturally; being able to manage conflicts across cultures, incorporating healing practices from the individual’s culture such as cultural and folk healers, prayer. So we’re talking about using a variety of healing methods that combine methods from professionals and from what is known by the patient.

4. Advocating for equal care for all patients, particularly those who are most vulnerable. This means being open to different perspectives and responding to patient needs, including recognizing and reporting discriminatory practices that jeopardize the care of the patient or that places the patient in harm’s way.

To teach these skills, the authors recommend:

- comparing and contrasting behavior that is appropriate, respectful, and inclusive, and behavior that is insensitive, lacks cultural understanding, or reflects prejudice
- discussing how nurses can intervene in interpersonal and interprofessional situations to improve adherence to professional standards of respect and civility.

5. Maintaining cultural competency development among participants

To foster this ongoing process, the authors recommend:

- ongoing self-reflection
- becoming actively involved in activities that lead to greater understanding of cultural difference
- examining one’s own stereotypes and biases about those in different racial, ethnic, religious and social groups, including those with disabilities, from lower socioeconomic classes, and who differ by age, gender, sexual orientation, etc.
- comparing and contrasting differences and similarities in attitudes, values, and expectations and expectations of care for different cultural groups
- encouraging students to talk about their own experiences of discrimination and what were the effects
• examining and discussing case studies that shed light on discrimination, ethnocentricism, and racism
• participating in a cultural immersion experience
• attending cultural celebrations/religious ceremonies to understand patient values or the values of those from the communities being served
• participating in community forms, health fairs, meetings to understand values and beliefs about health care