

5-2015

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Adelstein, Jenny, "Cultural Humility: A Lifelong Process for Professional Nurses" (2015). *Senior Honors Projects*. Paper 426.

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Cultural Humility: A Lifelong Process for Professional Nurses

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As minority populations increase in the U. S., so does the concerns for disparities and inequities in our health care system. A prime example is how the current nurse workforce does not reflect the increasing demographic changes of minorities in the U.S. Only seventeen percent of the nurse population is from minority racial/ethnicities. The importance of adopting an ethic of cultural humility in nursing practice is an initial step in understanding cultural similarities and differences and meeting the health care needs of our diverse population.

Cultural humility is a life-long process of self-reflection and self-critique. It starts with the examination of one's own beliefs and cultural identity. It allows for the exploration of differences and similarities between one's own and each patient's values, priorities, and goals (Foster, 2009). The emphasis is on attentive listening and openness to other cultures while simultaneously being aware of one's own thoughts and feelings. It is an active engagement and life long process with patients, community, colleagues and with oneself.

In contrast, the concept cultural competency is often referred to in nursing education and practice. Cultural competency implies expertise in caring for all cultures. What does it mean to be culturally competent? Is cultural competency the same as cultural sensitivity or cultural awareness? Can a nurse ever achieve cultural competence? Dudas (2012) defines cultural competence as a fluid dynamic process, similar to cultural humility. She identified three dimensions, awareness, attitudes and behaviors. Awareness involves the knowledge of cultural similarities and differences. This includes considering one's own thoughts, ideas, and biases. Attitude is described as showing sensitivity and openness toward those of other cultures. Behavior is explained as the actions that the nurse exhibits when adjusting care to fit the patient's needs. Both concepts are important in the nursing curriculum for baccalaureate nursing students and the continued education for professional nurses. A review of nursing education strategies to

cultivate the development of cultural humility and awareness among nurses as well as the barriers to inclusion in the curriculum is presented.

Taylor, Nicolle & Maguire (2013) researched healthcare professionals' views and experiences of taking care of patients from ethnic minorities. Thirty-four healthcare professionals were interviewed to determine their opinions of barriers to these patients. Five main themes were determined in relation to obstacles in healthcare including language, low literacy, lack of understanding attitudes, gender attitudes and health beliefs, and retention of information. This reflects the reason as to why nurses need to take responsibility and work toward cultural humility. In addition, it is important to identify these barriers in order to determine ways to overcome them.

The idea of cultural care is viewed as significant, however is not established as a critical component or included as a high priority in nursing education. Vandenberg & Kalischuk (2014) evaluated what nursing students learn about culture and cultural care. This was completed through interviewing first and fourth year students. It was found that students had an essential view of culture, but lacked critical views of culture. These findings were similar to recent studies that also found students were not encouraged to critique their views of culture or exposed to different perspectives. This suggests that nursing education programs need to implement further development of critique and critical thinking in relation to culture. It is imperative that nursing programs implement this in order to guide the students into the beginning process of cultural humility.

Similarly, Shattell et al. (2013) completed a study that evaluated how a nursing program implemented culture and culturally competent nursing practice into the curriculum. This was completed through student survey, student focus groups, faculty interviews, and school of

nursing documents. Evidence of cultural competence was identified however, barriers to deeper engagement with cultural issues were found. It was discovered through both the student and faculty perspectives that there was a lack of discussion about cultural issues in clinical and classroom experiences. This was attributed to time constraints and already heavy curriculum. A barrier discovered was discomfort with cultural concepts and issues. In addition, fear of offending the patients by saying the wrong thing was identified as another barrier. Some suggestions for improvement include creating more time for discussion in small groups with the use of case studies. In addition, designing a class that educates specifically on culture and cultural competence. Although this research only studied one nursing program, it is important for all nursing programs to evaluate their curriculum in relation to cultural education.

Communication is a major barrier in nursing that leads to poor quality of healthcare. Jirwe, Gerrish & Emami (2010) examined the experience of student nurses' communication in cross-cultural and cultural care encounter. Interviews were completed with final year nursing students to obtain the data. It was discovered that there were major impediments with communication for patients who spoke a different language. This made the nursing care impersonal and decreased the quality of care the patients were receiving. Student's were nervous of making mistakes and lacked confidence in questioning the patients. The students also faced issues pertaining to the patients not being able to relay their feelings to the nurse. There were problems relating to misunderstandings between the nurse and the patient because of the communication barrier. Based on this, nursing programs should offer and educate on ways to communicate successfully with patients from diverse backgrounds. It is common for nurses to feel anxiety when they are unable to communicate with a patient and student nurses also have the

same response. Therefore if nursing programs addressed and provided specific education on this topic, student nurses would be more prepared for when this occurred in their career.

Cultural humility involves the idea that one's culture is not the best or only culture (Schuessler, Wilder, & Bryd, 2012). One opportunity for cultural humility for nurses and nursing students is through cultural immersion trips. This includes entering a foreign milieu in which social and health disparities are manifested widely. These participants often gain "a social justice orientation, personal and professional meaning, interest in alternative paradigms of health care, and the unraveling of ethnocentric perceptions held before student travel" (Foster, 2009).

Another way to develop cultural humility is through reflective journaling on clinical experiences. According to Schuessler et al., (2012) cultural humility cannot be learned in a traditional classroom and it requires the reflection of experiences over time. Nursing care is a universal need that each person needs no matter what country they are from or culture they believe in.

Reflective journaling for students develops critical thinking skills, self-understanding, and reflection. It allows students to solve problems and reflect about what they do. Nursing programs should implement reflective journaling into assignments for students after clinical experiences.

Edmonds (2012) found that study abroad programs for nursing students is a valuable learning experience for nursing students that helps foster and achieves self-efficacy, the development of a global nursing perspective, and increase knowledge of cultural competence. It helps students expand their critical-thinking and problem-solving skills. Students gain an increase in their ability to navigate and communicate in unfamiliar environments. Students are able to view themselves as a foreigner and avoid ethnocentrism. There are several major cultural obstacles in nursing that prevent patients from receiving quality patient care however, there are many ways to overcome these barriers. Paying especially close attention to cultural issue and

utilizing self-awareness in the care for patients can help understand and further overcome the health care disparities (Schuessler et al., 2012). Culturally competent care includes establishing strong rapport with the patient and family through communication techniques. Examples of how to combat communication barriers include nonverbal communication and gestures (Jirwe et al., 2010). Nonverbal communication is acknowledged as significant to improve quality of care. Nonverbal communication behaviors are recognized as being able to convey interpersonal attitudes and emotional states.

In further exploring nonverbal communication behaviors, Xu, Staples, & Shen (2012) divided nonverbal communication behaviors into four categories including facial expression, bodily communication, proxemics communication, and tactile communication. Some examples include hugging, lowering body position to patient's level, leaning forward, shaking hands, and therapeutic touch. It is important to assess the patient's linguistic skills and culture before providing care. This should be completed with a reliable assessment tool. Based on that the nurse should implement her findings into the plan of care for that patient.

Twelve nursing students completed a two-week nursing service-learning cultural immersion trip to the Dominican Republic as part of J-Term at the University of Rhode Island. Reflective daily journal, group discussions facilitated by nursing faculty and completing a critical reflective inquiry assignment helped students to explore their own beliefs and values with the patients, families and community in which they lived for two weeks. After the experience, the students expressed a greater appreciation for resources such as water, transportation, and access to health care. The students also expressed an understanding of the difficulties in learning a new language and the need for interpreters who understand the language and culture to understand the patient experience. The cultural immersion and service learning experience was

an eye-opening and fulfilling experience where students began to understand the impact of socioeconomic and cultural factors on health and well-being. After the experience a student reported that she was open to the patient having six family members visiting as she was providing care. In her interactions with the patient, she understood that the patient's family presence was important to the healing process. This experience allowed students to self-reflect on their own beliefs and values and gain a stronger self-awareness.

Cultural humility plays a major role in nursing and is essential to provide optimal patient care. It is a concept that should be integrated throughout the nursing curriculum from students' first semester to their last semester. Nursing students need to prepare to care for an ethnically diverse population. A cultural immersion and service learning experience is one educational strategy to assist students in this lifelong process of self-reflecting and gaining a deeper understanding of cultural differences.

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