MULTICULTURALCARE PROJECT

II Transnational Project Meeting

31st of March, 2021

Escola Superior de Enfermagem de Coimbra

Building principles of MulticulturalCare Model draft

Conceptual framework

MulticulturalCARE

- The globalization of migration flows over recent decades has increased the multicultural diversity of our societies.

- In 20 years, the number of international migrants worldwide grew by around 119 million, and it increased by around 80 million5 between 2005 and 2019.

- In 2019, more than half of all international migrants worldwide lived in Europe and Northern America, with roughly 82 million residing in [Europe](#)

Multicultural competence of healthcare professionals:

✓ is a recognized approach to improving the provision of health care to minority groups, reducing cultural/ethnic health disparities.

✓ is a critical factor and an essential component in providing effective, and culturally responsive healthcare services.

- According to Leininger (1988), the term cultural competence was first coined by her in the 1960s as part of her theory of cultural care diversity.

Cultural competence

- Cultural competence is thus a broad and complex construct which enables healthcare professionals to acquire "the attitudes, knowledge and skills necessary for providing quality care to diverse populations" while taking into account their cultural background, including patients' health and illness beliefs, religious influences, their primary language, values and other cultural factors that influence their health.

Leininger

CROSS-CULTURAL COMPETENCE

- A similar term, cross-cultural competency, was introduced in counseling psychology by D. W. Sue and colleagues in 1982.

CULTURAL COMPETENCE IN HEALTHCARE

- "A set of congruent behaviors, attitudes and policies that come together in a system, agency or amongst professionals and enables that system, agency or those professionals to work effectively in cross-cultural situations" (Cross et al., 1989).

Cross T, Bazron B, Dennis K, Isaacs M. Towards a culturally competent system of care. Washington, D.C.: CASSP Technical Assistance Center, Georgetown University Child Development Center; 1989.

Multicultural Competence in healthcare

- From its roots in early models, the *cultural competence concept* expanded in the late 1980s through the 1990s:

  – The populations to whom multicultural care was applied expanded from primarily immigrants to essentially all minority groups, particularly those most affected by racial disparities in the quality of healthcare.

  – The conceptual purview of "cultural competence" expanded beyond culture *de per se* and encompassed issues such as prejudice, stereotyping and social determinants of health.

  – The scope of cultural competence expanded beyond the interpersonal domain of cross-cultural care to include health systems and communities.

Literature

- Shen (2015) reviewed cultural competence models and cultural competence assessment instruments developed and published by nurse researchers since 1982 and found major 14 definitions for Cultural Competence.

Table 1. Definitions for Cultural Competence (in chronological order).

Author	Term	Definition
Orque, 1983	Ethnic nursing care	Nurse's effective integration of the patient's ethnic cultural background into her nursing process-based patient care
AAN Expert Panel on Culturally Competent Nursing Care, 1992	Culturally competent nursing care	Care that is sensitive to issues related to culture, race, gender, and sexual orientation
Andrews & Boyle, 1997	Cultural competence	A process in which the nurse continuously strives to work effectively within the cultural context of an individual, family, or community from a diverse cultural background
Smith, 1998a	Cultural competence	A continuous process of cultural awareness, knowledge, skill, interaction, and sensitivity among caregivers and the services they provide (attributes by concept analysis)
Kim-Godwin, Clarke, & Barton, 2001	Cultural competence	Caring, cultural sensitivity, cultural knowledge, and cultural skill (attributes by concept analysis)
Burchum, 2002	Cultural competence	A process of development that is built on the ongoing increase in knowledge and skill development related to the attributes of cultural awareness, knowledge, understanding, sensitivity, interaction, and skill (attributes via concept analysis)
Leininger, 2002b	Culturally competent nursing care	The explicit use of culturally based care and health knowledge that is used in sensitive, creative, and meaningful ways to fit the general lifeways and needs of individuals or groups for beneficial and meaningful health and well-being or to face illness, disabilities, or death
Campinha-Bacote, 2002b	Cultural competence	"The ongoing process in which the health care provider continuously strives to achieve the ability to effectively work within the cultural context of the client (individual, family, community). …This process involves the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire" (p. 181).
Purnell & Paulanka, 2003	Cultural competence	Self-cultural awareness, knowledge, and understanding of the client's culture, acceptance of, and respect for cultural differences, openness to cultural encounter, and adaptation of care to be congruent with the client's culture
Giger & Davidhizar, 2004	Cultural competence	A dynamic, fluid, continuous process whereby an individual, system, or health care agency finds meaningful and useful care delivery strategies based on knowledge of the cultural heritage, beliefs, attitudes, and behaviors of those to whom they render care
Suh, 2004	Cultural competence	An ongoing process with a goal of achieving ability to work effectively with culturally diverse groups and communities with a detailed awareness, specific knowledge, refined skills, and personal and professional respect for cultural attributes, both differences and similarities (antecedents via concept analysis)
Papadopoulos, 2006	Cultural competence	The process one goes through to continuously develop and refine one's capacity to provide effective health and social care, taking into consideration people's cultural beliefs, behaviors, and needs, as well as the effects that societal and organizational structures may have on them.
Zander, 2007	Cultural competence	Having three elements: cultural awareness, cultural knowledge, and cultural skills
Jirwe, Gerrish, Keeney, & Emami, 2009	Cultural competence	Five core components common to cultural competence models: cultural awareness, knowledge, skill, encounter, and sensitivity (p. 2638, via concept analysis)
Jeffreys, 2010a	Cultural competence	A multidimensional learning process that integrates transcultural nursing skills in all three dimensions (cognitive, practical, and affective), involves transcultural self-efficacy (TSE; confidence) as a major influencing factor, and aims to achieve culturally congruent care (p. 46)

NURSING METAPARADIGM CONCEPTS

- The macro aspects of MULTICULTURAL COMPETENCES Model should include the traditional nursing metaparadigm concepts of global society, community, family, and person, because they provide a wholistic and global perspective. (Purnell)

Table 3. Theoretical Models of Cultural Competence (Arranged by validation, instrument linkage, year).

Authors, year	Model Name	Components or Constructs or Domains	Sources	Assessment Instrument Linkage	Validation
Campinha-Bacote, 2002b	Culturally competent model of care	Five constructs within the cultural context of individual, family, and community (cultural awareness, knowledge, skill, encounters and desire [cultural desire added in 1998])	Leininger's (1991) transcultural nursing theory; Pedersen's (1988) multicultural development theory (as cited in Campinha-Bacote, 2002b)	Inventory for assessing the process of cultural competence among healthcare professionals, revised (IAPCC–R)	Yes
Papadopoulos et al., 1998	Model for the development of culturally competent health practitioners	Four components (cultural awareness, cultural knowledge, cultural sensitivity, cultural competence)		Cultural competence assessment tool (CCATool), 2004 (40 items) based on Papadopoulos et al.'s 1998 model	Yes
Kim-Godwin, et al., 2001	Culturally competent community care model	Three constructs (cultural competence, health care system, and health outcomes) with four dimensions (caring, cultural sensitivity, cultural knowledge, and cultural skills)	concept analysis	Cultural competence scale to test the 3 dimensions of cultural sensitivity, knowledge, and skills	Yes
Jeffreys, 2010a	Cultural competence and confidence model	Transcultural nursing skills in cognitive, practical, and affective dimensions, transcultural self-efficacy, and culturally congruent care	Leininger's transcultural nursing theory; Bandura's (1986) self-efficacy theory in psychology	Transcultural self-efficacy tool (TSET)	Yes
Schim & Doorenbos, 2010; Schim, Doorenbos, Benkert, & Miller, 2007; Schim, Doorenbos, Miller, &, Benkert, 2003	3–D model of culturally congruent care	Three dimensions of provider level (cultural diversity, cultural awareness, cultural sensitivity, and cultural competence behaviors), client level (patient, family, and community attitudes, beliefs, and behaviors) and culturally congruent care as outcome layer (when provider and client levels fit well together)	Leininger's transcultural nursing theory	Cultural competence assessment (CCA)	Yes
Campinha-Bacote, 2005	Biblically based cultural competence model	Eighteen intellectual and moral virtues (love, caring, humility, love of truth, teachableness, intellectual honesty, inquisitiveness, wisdom, discernment, judgment, prudence, attentiveness, studiousness, practical wisdom, understanding, temperance, patience and compassion) integrated into the five constructs (cultural awareness, cultural knowledge, cultural desire, cultural skill and cultural encounters)		Inventory for assessing a biblical worldview of cultural competence (IABWCC) among healthcare professionals	
Papadopoulos & Lees, 2001	Model for the development of culturally competent researchers	Four components (cultural awareness, cultural knowledge, cultural sensitivity, cultural competence) with culture-generic and culture-specific competence as the two layers of cultural competence			
Willis, 1999	Framework for cultural competence	Seven-step progression (knowledge of one's own culture, knowledge of others' culture, cultural interaction, cultural tolerance, cultural inclusion, cultural appreciation/acceptance, cultural competence)			
Wells, 2000	Cultural development model (for individual and institutional cultural competence development)	A continuum of six stages in two phases (cultural incompetence, cultural knowledge, and cultural awareness as the cognitive phase; cultural sensitivity, cultural competence, and cultural proficiency as the affective phase)	Cross et al., 1989; Orlandi, 1992		
Burchum, 2002	Model for cultural competence	Six attributes (cultural awareness, knowledge, understanding, sensitivity, interaction, and skill): a nonlinear, expansive process of becoming culturally competent	Concept analysis		
Pacquiao, 2012	Culturally competent model of ethical decisions	Three components: cultural context; compassionate advocacy for social justice and human rights protection for culturally congruent healthcare for vulnerable populations; and culturally competent healthcare by realization of cultural preservation, cultural accommodation, and cultural patterning	Leininger's transcultural nursing theory and principles of culturally congruent healthcare as a basic human right		
Suh, 2004	Model of cultural competence	Four domains as antecedents: cognitive (cultural awareness, knowledge), affective (sensitivity), behavior (skills), and environmental (encounters); three attributes of cultural competence (ability, openness, flexibility); and three variables (receiver-based, provider-based, and health outcome)	Concept analysis		

Table 4. Methodological Models of Cultural Competence (Arranged by validation, instrument linkage, year).

Authors	Model Name	Components/Constructs/Domains	Sources	Assessment Instrument Linkage	Validation
Giger & Davidhizar, 2004, 2008	Transcultural assessment model	Six cultural phenomena (communication, space, social organization, time, environmental control, and biological variations)	Leininger (1991); Spector (1996); Orque, Bloch, & Monrroy (1983); as cited in Giger & Davidhizar (2004, 2008)	Tested by Smith (1998b) with three scales: CAS by Bonaparte [1977, 1979]; CSES by Bernal & Froman [1987, 1993]; and Rooda's [1990, 1992] knowledge-based questions on cultural competence); also as cited in Giger & Davidhizar, 2002	Yes
Spector, 2004a, 2009	Health traditions model	Five aspects of heritage consistency (culture, ethnicity, religion, [acculturation and socialization, 2009]) interrelated with six cultural phenomena (communication, space, social organization, time, environmental control, and biological variations) to maintain, protect, and restore the health of the body, mind, and spirit	Giger & Davidhizar's (1999, 2002, 2004, 2008) model; Ester & Zitzow's theory (as cited in Spector, 2013)	Heritage assessment tool with 29 questions, Spector (2004b)	
Orque, 1983	Ethnic/cultural system framework	Eight components applicable to nurses and clients (diet, family life processes, healing beliefs and practices, language and communication process, social groups' interactive patterns, value orientations, religion, art and history) along with two models (intercultural communication model and model of biological, sociological and psychological systems)	Nursing, sociology	Bloch's (1983) assessment guide for ethnic/cultural variations	
Leininger, 1991	Sunrise model	Six domains (culture values and lifeways; religious, philosophical, and spiritual beliefs; economic factors; educational facors; technological factors; kinship and social ties; and political and legal factors) and three modalities (cultural care preservation and maintenance; cultural care accommodation and negotiation; and cultural care repatterning and restructuring)	Nursing, anthropology		
Purnell, 2003, 2008	Purnell model for cultural competence	Twelve cultural domains (overview, inhabited localities, and topography; communication; family roles and organization; workforce issues; biocultural ecology; high-risk health behaviors; nutrition; pregnancy and childbearing practices; death rituals; spirituality; healthcare practices; and healthcare practitioners)	Organizational, administrative, communication, and family development theories		
Andrews & Boyle, 2008	Transcultural nursing assessment guide for individuals and families	Twelve categories of cultural knowledge (cultural affiliations, values orientation, communication, health-related beliefs and practices, nutrition, socioeconomic considerations, organizations providing cultural support, education, religion, cultural aspects of disease incidence, biocultural variations, and developmental considerations across the life span, p. 35)	Leininger's transcultural nursing theory		

Culturally Competent Model of Care

- Cultural awareness (a self-reflection of one's own biases),

- Cultural knowledge (obtaining information about different cultures)

- Cultural skills (conducting an assessment of cultural data of the patient),

- Cultural encounters (personal experiences with patients of different backgrounds),

- Cultural desire (the process of wanting to be culturally competent).

Cultural competence as a process, meaning that the health care provider should continually strive to effectively work within the cultural context of each client.

Josepha Campinha-Bacote

Cultural Competence Domains and Dimensions in Nursing and Other Caring Professions

I- Affective Dimension (including Cultural Sensitivity and cultural Desire);

II - Cognitive Dimension (including Awareness, Knowledge and Understanding)

III - Skill/Practical/Behavioral Dimension.

Shen, Z. (2015). Cultural Competence Models and Cultural Competence Assessment Instruments in Nursing: A Literature Review. Journal of Transcultural Nursing, 26(3) 308–321.DOI: 10.1177/1043659614524790.

Table 2. Cultural Competence: Domains and Dimensions in Nursing and Other Caring Professions.

Nursing Authors	Affective Dimension Cultural Sensitivity	Cognitive Dimension Awareness	Knowledge	Understanding	Skill/Practical/Behavioral Dimension Skill	Interaction/Encounter	Total
Burchum, 2002	√	√	√	√	√	√	6
Campinha-Bacote, 2002b	√ [cultural desire]	√	√		√	√	5
Jirwe et al., 2009	√	√	√		√	√	5
Smith, 1998a	√	√	√		√	√	5
Purnell & Paulanka, 2003		√	√	√	√	√	5
Papadopoulos, Tilki, & Taylor., 1998	√	√	√		√		4
Perng & Watson, 2012	√	√	√		√		4
Suh, 2004	√	√	√		√		4
Kim-Godwin, Clarke, & Barton, 2001	√		√		√		3
Leininger, 2002b, 2002c	√		√		√		3
Schim & Doorenbos, 2010	√	√			√[diversity]		3
Wells, 2000	√	√	√				3
Zander, 2007		√	√		√		3
Bernal & Froman, 1993			√		√		2
Willis, 1999			√		√		2
Total	11	11	14	2	14	5	

Counseling Psychology	Beliefs/Attitudes	Knowledge			Skills		
D. W. Sue et al., 1982, 1992, 1996	Sensitivity	Awareness	Knowledge	Understanding	Culturally appropriate intervention skills, strategies, and techniques		

Social Work	Attitudes	Knowledge			Skills		
NASW, 2001	Attitudes	Awareness	Knowledge		Cross-cultural skills		
Orlandi, 1992	Attitudes	Awareness	Knowledge		Culturally appropriate intervention strategies		
Physical Therapy: APTA, 2008	Attitudes		Knowledge		Skills		
Medicine: Beach et al., 2005; Gozu et al., 2007	Attitudes		Knowledge		Skills		

MODELS of multicultural competence in healthcare

- Several different models have been proposed to describe cultural competence in nursing and health care. Nearly all of them include dimensions of

  - **Cultural Awareness** Awareness of own cultural heritage and values, as well as their negative emotional reactions, preconceived notions, biases, and stereotypes about other ethnic groups. (Arredondo et al., 1996; Sue et al., 1992). Recognition or in-depth exploration of one's own attitudes, cultural background, and assumptions in regards to the similarities or differences in others while acknowledging racism, bias, and stereotyping (Campinha-Bacote, 2002 & Mareno & Hart, 2014)

  - **Cultural Knowledge** (e.g., understanding the meaning of culture and its importance to healthcare delivery),

  - **Attitudes/Skills** (e.g., eliciting patients' explanatory models of illness).

SKILLS

- Cross-cultural communication skills, both verbal and nonverbal,

- Skills in assessment, including recognition of culture-bound syndromes and cultural variations of diagnostic categories

- Skills in identifying and integrating specific cultural issues in both diagnostic and treatment formulation

- Skills in identifying and consulting with traditional helpers in the client's ethnic community

- Skills in applying *emic approaches* in assessment and treatment

- Skills in advocating for a specific client or a client population Skills in accessing the literature, prevalence data, and other clinical information on specific racial/ethnic groups living within a given community

- 8. **Reflective skills** in monitoring one's performance and effectiveness within specific cultural contexts.

(Arredondo et al., 1996; Pedersen, 1988; Sue et al., 1982; Sue et al., 1992):

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- In spite of those different models and concepts of multicultural competences in healthcare providers and nurses, there are few multicultural competences training models for healthcare staff and health students.

Handtke O, Schilgen B, Mösko M (2019) Culturally competent healthcare – A scoping review of strategies implemented in healthcare organizations and a model of culturally competent healthcare provision. PLOS ONE 14(7): e0219971. https://doi.org/10.1371/journal.pone.0219971

Integration of cultural competence into nursing curriculums

- The integration of cultural competence into nursing curriculums was proposed by the American Association of Colleges and Nursing in 2008 to provide nursing care for patients with diverse cultural back-grounds (American Association of Colleges of Nursing, 2008

- The expectation to increase cultural competency within the nursing curricula and teaching methodology for the nursing student continues to be a challenge

(Giddens, North, Carlson-Sabelli, Rogers, & Fogg, 2012

- European nursing curricula lack detailed Multicultural competences nursing content (Bohman & Borglin, 2014).

- A brief scoping review of nursing curricula in Spain, Belgium, Portugal and Turkey revealed a fragmented, non-consistent approach to the concept.

- For example, in Spain, only 4 out of 94 undergraduate nursing programs offered during the academic year 2019-2020 included the term transcultural, 7 included the term multicultural and 1 included the term intercultural in their program descriptions.

(Solanas et all,2021)

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