
Abstract: Ensuring Cultural Competence (CC) in health-care is a mechanism to deliver culturally appropriate care and optimise recovery. In policies that promote cultural competence, the training of mental health practitioners is a key component of a culturally competent organisation. This study examines staff perceptions of CC and the integration of CC principles in a mental health care organisation. The purpose is to show interactions between organisational and individual processes that help or hinder recovery orientated services. We carried out a case study of a large mental health provider using a cultural competence needs analysis. We used structured and semi-structured questionnaires to explore the perceptions of healthcare professionals located in one of the most ethnically and culturally diverse areas of England, its capital city London. There was some evidence that clinical staff were engaged in culturally competent activities. We found a growing awareness of cultural competence amongst staff in general, and many had attended training. However, strategic plans and procedures that promote cultural competence tended not to be well communicated to all frontline staff, whilst there was little understanding at corporate level of culturally competent clinical practices. The provider organisation had commenced a targeted recruitment campaign to recruit staff from under-represented ethnic groups and it developed collaborative working patterns with service users. There is evidence to show tentative steps towards building cultural competence in the organisation. However, further work is needed to embed cultural competence principles and practices at all levels of the organisation, for example, by introducing monitoring systems that enable organisations to benchmark their performance as a culturally capable organisation.


Abstract: Objective: We sought to synthesize the findings of studies evaluating interventions to improve the cultural competence of health professionals. Design: This was a systematic literature review and analysis. Methods: We performed electronic and hand searches from 1980 through June 2003 to identify studies that evaluated interventions designed to improve the cultural competence of health professionals. We abstracted and synthesized data from studies that had both a before- and an after-intervention evaluation or had a control group for comparison and graded the strength of the evidence as excellent, good, fair, or poor using predetermined criteria. Main Outcome Measures: We sought evidence of the effectiveness and costs of cultural competence training of health professionals. Results: Thirty-four studies were included in our review. There is excellent evidence that cultural competence training improves the knowledge of health professionals (17 of 19 studies demonstrated a beneficial effect), and good evidence that cultural competence training improves the attitudes and skills of health professionals (21 of 25 studies evaluating attitudes demonstrated a beneficial effect and 14 of 14 studies evaluating skills demonstrated a beneficial effect). There is good evidence that cultural competence training impacts patient satisfaction (3 of 3 studies demonstrated a beneficial effect), and good evidence that cultural competence training improves the attitudes and skills of health professionals (21 of 25 studies evaluating attitudes demonstrated a beneficial effect and 14 of 14 studies evaluating skills demonstrated a beneficial effect). There is good evidence that cultural competence training impacts patient adherence (although the one study designed to do this demonstrated a beneficial effect), and no studies that have evaluated patient health status outcomes. There is poor evidence to determine the costs of cultural competence training (5 studies included incomplete estimates of costs). Conclusions: Cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals. However, evidence that it improves patient adherence to therapy, health outcomes, and equity of services across racial and ethnic groups is
lacking. Future research should focus on these outcomes and should determine which teaching methods and content are most effective.


Abstract: To investigate how clinical supervisors of junior doctors provide feedback and assessment on cultural competence, one of several professionalism skills outlined in the Australian Curriculum Framework for Junior Doctors. Twenty clinical supervisors were recruited to a qualitative study in a regional hospital in Queensland, Australia. Data from semi-structured interviews (June–August 2011) were thematically analysed. Interviews revealed that cultural competence was interpreted by the supervising clinicians as a vague concept, and that junior doctors were not assessed in this area. Additional themes related to the cultural competence of junior doctors, as reported by their supervisors, included: limited direct supervision of, and feedback to, junior doctors; variations in approaches to assessment; clinicians’ communication focuses on clinical aspects of disease process; perceived lack of cultural diversity among staff and patients; acceptance of laypersons as English interpreters; language barriers with international medical graduates; and patients’ low levels of health literacy. Supervisors were unable to define cultural competence in ways that enable them to apply the concept to clinical training for junior doctors. Specific training in cultural competence, and guidelines for its assessment, is therefore recommended for clinical supervisors and junior doctors to improve their approaches to patient care and health outcomes.


Abstract: The purpose of this study was to enhance students’ cultural competence through a service–learning project in a community clinic. This quasi-experimental study used a pretest–posttest control group design. Twenty-six nursing students volunteered either in the comparison or in the experimental group. The students in the experimental group significantly increased their cultural knowledge \((Z = -2.51, p = .01)\) and the total score of cultural competence \((Z = -2.07, p = .04)\).


Abstract: Cultural competence is an important component of client-centered care in health promotion and community health services, especially considering the changing demographics of North America. Although a number of tools for evaluating cultural competence have been developed, few studies have reported on the results of organizational cultural competence evaluations in health care or social services settings. This article aims to fill this gap by providing a description of a cultural competence evaluation of a community health center serving a diverse population. Data collection included reviewing documents, and surveying staff, management, and the Board of Directors. The organization fully met 28 of 53 standards of cultural competence, partially met 21 standards, and did not meet 2 standards, and 2 standards could not be assessed due to missing information. The advantages and lessons learned from this organizational cultural competence evaluation are discussed.


Abstract: The initiative of First Lady Michelle Obama and Dr Jill Biden, Joining Forces, has helped to create awareness and momentum to recognize a specific military culture and to standardize competence across the US national health care system. An understanding of military culture can prove to be invaluable when caring for military veterans, reservists, and their family members in your emergency department. With this lens, seemingly innocuous pieces of information may be transformed into important insights. Insights foster dialogues. Dialogues solicit therapeutic rapport. Therapeutic rapports result in therapeutic alliances. Therapeutic alliances have the potential to play an important role in health care outcomes and lives.


Abstract: To determine pharmacy students’ perceptions regarding cultural competence training, cross-cultural experiences during advanced pharmacy practice experiences (APPEs), and perceived comfort levels with various cultural encounters. Fourth-year pharmacy (P4) students were asked to complete a questionnaire at the end of their fourth APPE. Fifty-two of 124 respondents (31.9%) reported
having 1 or more cultural competence events during their APPEs, the most common of which was caring for a patient with limited English proficiency. Students reported high levels of comfort with specific types of cultural encounters (disabilities, sexuality, financial barriers, mental health), but reported to be less comfortable in other situations.


Abstract: In an environment of changing demographics and health care disparities, it is essential that nurses continue to develop competence in providing care across cultures. This article presents the findings of a pilot project to measure and compare self-reported cultural competence scores before and after participation in one of the core classes of a cultural competence curriculum. Cultural competence of the staff of a patient care unit (N = 98) was assessed prior to the class, at 3 months, and at 6 months posteducation using the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals–Revised. The results demonstrated that following an educational intervention the participants self-reported a statistically significant increase (p = .03) in cultural competence within the category range of cultural awareness. Providing cultural competence education may better equip nurses to care for patients from diverse cultures.


Abstract: Racial and ethnic disparities are disturbing facets of the American healthcare system that document the reality of unequal treatment. Research consistently shows that patients of color experience poorer quality of care and health outcomes contributing to increased risks and accelerated mortality rates relative to their white counterparts. While initially conceptualized as an approach for increasing the responsiveness of children’s behavioral health care, cultural competence has been adopted as a key strategy for eliminating racial and ethnic health disparities across the healthcare system. However, cultural competence research and practices largely focus on improving provider competencies, while agency and system level approaches for meeting the service needs of diverse populations are given less attention. In this article we offer seven essential strategies for promoting and sustaining organizational and systemic cultural competence. These strategies are to: (1) Provide executive level support and accountability, (2) Foster patient, community, and stakeholder participation and partnerships, (3) Conduct organizational cultural competence assessments, (4) Develop incremental and realistic cultural competence action plans, (5) Ensure linguistic competence, (6) Diversify, develop, and retain a culturally competent workforce, and (7) Develop an agency or system strategy for managing staff and patient grievances. For each strategy we offer several recommendations for implementation.


Abstract: A trans-disciplinary conceptualization of cross-cultural competency was used to develop performance-based assessment and training methods. Starting with sociocultural encounters (interactions among people holding different cultural perspectives), we elicited cultural dilemmas based on culturally universal dimensions through surveying U.S. military personnel having cross-cultural operational experience. We used these dilemmas to build assessment and training tools, and pilot-tested simulations. Although our efforts focused within a military setting, our approach is applicable to any organizational and professional setting.


Abstract: Cultural competence is increasingly recognized as an essential component of effective mental health care delivery to address diversity and equity issues. Drawing from the literature and our experience in providing cultural competence consultation and training, the paper will discuss our perspective on the foundational concepts of cultural competence and how it applies to a health care organization, including its programs and services. Based on a recent consultation project, we present a methodology for assessing cultural competence in health care organizations, involving mixed quantitative and qualitative methods. Key findings and recommendations from the resulting cultural competence plan are discussed, including core principles, change strategies, and an Organizational Cultural Competence Framework, which may be applicable to other health care institutions seeking such changes. This framework, consisting of eight domains, can be used for organizational
assessment and cultural competence planning, ultimately aiming at enhancing mental health care service to the diverse patients, families, and communities.


Abstract: Healthcare disparities have reached such disproportionate levels of disease burden for certain groups that the issue has become a national priority. This article examines the most recent iteration of the healthcare disparities movement, the aggressive legislative steps by the federal government to disrupt its destructive path and the promise that cultural competence holds for healthcare providers and the healthcare industry as a whole in placing the patient back at the center of healthcare treatment. Such efforts, it is argued, will be instrumental in helping to reduce healthcare disparities and make the healthcare delivery experience a more positive outcome for all patients.


Abstract: The present article briefly reviews early evidence of the applicability of acceptance and commitment therapy and its underlying psychological flexibility model to Asians and Asian Americans. Cultural adaptation is an important goal, and we describe how it might be due within a functional contextual approach, namely, by linking cultural knowledge to processes and principles of psychopathology and behavior change. This approach in essence links cultural adaptation to functional analysis. Ideas in the target article, for example about a transcendent sense of self, are used as examples of how this can be performed.


Abstract: Cultural competence has become a ubiquitous and unquestioned aspect of professional formation in medicine. It has been linked to efforts to eliminate race-based health disparities and to train more compassionate and sensitive providers. In this article, I question whether the field of cultural competence lives up to its promise. I argue that it does not because it fails to grapple with the ways that race and racism work in U.S. society today. Unless we change our theoretical apparatus for dealing with diversity to one that more critically engages with the complexities of race, I suggest that unequal treatment and entrenched health disparities will remain. If the field of cultural competence incorporates the lessons of critical race scholarship, however, it would not only need to transform its theoretical foundation, it would also need to change its name.


Abstract: The level of out-migration from the Caribbean is very high, with migration of tertiary-level educated populations from Caribbean countries being the highest in the world. Many clinicians in receiving countries have had limited diagnostic and therapeutic experience with Caribbean migrants, resulting in diagnostic and therapeutic controversies. There is an urgent need for better understanding of these cultural differences. The paper explores issues of clinical and cultural competence relevant to assessing, diagnosing, and treating Caribbean migrants with a focus on three areas: cultural influences on illness phenomenology; the role of language differences in clinical misunderstandings; and the complexities of culture and migration. Clinical issues are illustrated with case studies culled from four decades of clinical experience of the first author, an African Jamaican psychiatrist who has worked in the Caribbean, North America, Europe, and New Zealand.


Abstract: In 2010 an Indigenous Elder from the Wiradjuri nation and a group of academics from Charles Stuart University travelled to Menindee, a small locality on the edge of the Australian Outback. They were embarked upon an “adventure learning” research journey to study ways of learning by creating a community of practice with an Elder from the Ngyampa/Barkandji Nation. The article first explores the implications of this innovative approach to transformative learning for professional development and for teaching and learning practice. It then reflects on the significance of location for pedagogic approaches aimed at closing the education gap between Aboriginal and non-Aboriginal Australians in universities.


Abstract: “This book will help educators understand the multidimensional process of cultural competence, and the vignettes it provides will be useful to anyone who teaches cultural competence.”—*Nursing Education Perspectives*. In our multicultural society, nurses and health care providers,
educators and administrators, professional association leaders, and researchers must work toward achieving cultural competency. This new edition, along with the digital Cultural Competence Education Resource Toolkit, offers a unique and effective guide to do just that. Newly updated and revised, this book presents ready-to-use materials for planning, implementing, and evaluating cultural competence strategies and programs. Users will learn to identify the needs of diverse constituents, evaluate outcomes, prevent multicultural-related workplace conflict, and much more. Complete with vignettes, case exemplars, illustrations, and assessment tools, this book is required reading for those working in academic settings, health care institutions, employee education, and nursing and health care organizations and associations. Key Features: Offers a wide selection of educational activities and techniques for diverse learners. Presents guidelines for helping educators, students, and professionals to maximize strengths, minimize weaknesses, and facilitate success. Describes toolkit questionnaires for measuring and evaluating cultural learning and performance. Provides guidelines for employee orientation programs to achieve cultural competence in the workplace. The Digital Cultural Competence Education Resource Toolkit: The Toolkit consists of three sets of tools and a total of 21 distinct tools. The three sets of tools are: Resources for Academic Settings; Resources for Health Care Institutions; and Resources for Professional Associations. Taken together, the tools provide a comprehensive set of materials for planning, implementing, and evaluating cultural competence education strategies and programs. These tools may be used alone or in conjunction with other tools and will be of use to a broad range of readers at all levels: nurses, educators, administrators, association leaders, managers, researchers, students, and other health care providers. The Tools and this book will enable you to achieve optimal cultural competence.


Abstract: The main purpose is to introduce a tool for evaluating the extent of culturally specific care provided for a diverse clientele, the frequency of cultural assessments, and the development of culturally sensitive and professionally appropriate attitudes, values, and beliefs. Legal, ethical, and accreditation mandates demand theoretical based, valid, comprehensive tools to assess aspects of culturally specific care; yet no relevant ones existed. The Cultural Competence Clinical Evaluation Tool (CCCET) was administered at the end of a second semester medical-surgical nursing course (n = 161). The Content Validity Index (CVI) was 0.91. The reliability coefficients provided evidence for internal consistency. Student and teacher ratings were relatively close, suggesting that respondents took the task of CCCET completion seriously and honestly, that cultural competence was a visible theme throughout the course, and that students and instructors worked closely together in the clinical practicum setting to achieve learning objectives (including cultural competence).


Abstract: The US health care system, including the mental health system, has not been effective in addressing the needs of culturally diverse populations. This has resulted in racial/ethnic disparities in health and mental health, including lower access to treatment services and evidence-based treatments, and higher morbidity and, possibly, mortality, than Euro-Americans. This is reflected in the overrepresentation of minority children in the child welfare and juvenile justice systems, who also experience high rates of mental disorders and lack of access to appropriate services to divert them from such placements. In response to these mounting clinical and service delivery challenges, cultural competence has become one of the core principles of the children’s community-based systems of care movement. Here, Pumariega et al. examine the cultural challenges to diagnosis and treatment of minority children and the application of the cultural competence model to assessment and treatment.


Abstract: Cultural competence (CC) is considered highly relevant to social work practice with clients belonging to ethnic and racial minority groups, as the burgeoning literature and creation of practice standards on CC attest. However, examination of the conceptual underpinnings of CC reveals several major anomalies. The authors argue that several aspects of CC contradict central social work concepts or are at odds with current, standard social work practice. These contradictions extend to the epistemological foundations of CC and the rights and dignity of the individual. To further stress the conceptual tensions at the heart of CC, the authors incorporate recent philosophical work addressing collective identities and group rights. The question of whether culturally competent practice is achievable is also addressed. The authors urge academicians and practitioners to thoroughly examine the theoretical and ethical bases of CC.

Abstract: This study tests a new framework for capturing the different training needs required to become interculturally competent. Indications for the need for specialized training methods differentiated by target segments are provided. Many researchers have suggested that an overgeneralization of cultural differences within a proposed framework can lead to a gap between the skills being learned and the application of these skills in organizational practices. It has been also suggested that a “one-size-fits-all” approach might not be effective, as various aspects of the training need to be tailored in order to fit the culture and the specific organization. Comparing the short-term and long-term benefits of various training options, a problem arises when an individual has learned to be competent within a particular cultural setting but, in fact, she or he is not able to transfer that knowledge and use it appropriately in another cultural setting. We used a questionnaire to test not only the dimension of intercultural competence but also the level of emotional intelligence, communication styles, and character traits and the degree of correlation of these concepts. We also compare low-context and high-context cultures as an attempt to distinguish different subcategories of different cultural trends and needs. © 2013 Wiley Periodicals, Inc.


Abstract: In recent years, cultural competence has become a popular term for a variety of strategies to address the challenge of cultural diversity in mental health services. This issue of Transcultural Psychiatry presents papers from the McGill Advanced Study Institute in Cultural Psychiatry on “Rethinking Cultural Competence from International Perspectives,” which was held in Montreal, April 27 and 28, 2010. Selected papers from the meeting have been supplemented with other contributions to the journal that fit the theme. Taken together, these papers show how conceptual analysis and critique of cultural competence can point toward ways to improve the cultural responsiveness, appropriateness and effectiveness of clinical services, and in doing so contribute to reducing health disparities


Abstract: The purpose of this study was to explore undergraduate community health students’ perceptions of their cultural competence. Little is known about students’ cultural awareness, knowledge, and skills after their experience working with diverse cultural groups and language barriers. A cross-cultural experiential learning exercise was used as an educational approach. Reflective writing was used to elicit students’ attitudes of the other culture and their coping skills. Three themes emerged as cultural awareness and knowledge, observation and learning, and cross-cultural communication. Results underscore the need for student academic preparation using cross-cultural educational approaches to enhance cultural competence.


Abstract: A baccalaureate nursing program developed and implemented an international cultural immersion course in Guatemala to explore the impact of cultural immersion on student nurses’ cultural competence. This qualitative descriptive study generated data through in-depth interviews and en vivo reflective journals. The three themes: Navigating daily life, Broadening the lens, and Making a difference, revealed an expanded context and worldview of culture. International service learning seemed to pervade all aspects of the students’ experience. Exercises in participant-observation and reflective writing could enhance student self-awareness and their ability to benefit from a cultural immersion course.


Abstract: The population in the United States is increasingly multicultural. So, too, is the U.S. physician workforce. The combination of these diversity dynamics sets up the potential for various types of cultural conflict in the nation’s examining rooms, including the relationship between religion and medicine. To address the changing patient-physician landscape, we argue for a broad scale intervention: interdisciplinary bioethics training for physicians and other health professionals. This approach seeks to promote a common procedural expectation and language which can lead to an improved, patient-centered approach resulting in better patient-physician relationships that contribute to better health outcomes across the U.S. population. The authors illustrate their thesis and solution using a well-known case of cross-cultural dynamics taken
Annotated Bibliography


Abstract: A behavioral signature of cross-cultural competence is discriminative use of culturally appropriate behavioral strategies in different cultural contexts. Given the central role communication plays in cross-cultural adjustment and adaptation, the present investigation examines how meta-knowledge of culture—defined as knowledge of what members of a certain culture know—affects culturally competent cross-cultural communication. We reported two studies that examined display of discriminative, culturally sensitive use of cross-cultural communication strategies by bicultural Hong Kong Chinese (Study 1), Chinese students in the United States and European Americans (Study 2). Results showed that individuals formulating a communicative message for a member of a certain culture would discriminatively apply meta-knowledge of the culture. These results suggest that unsuccessful cross-cultural communications may arise not only from the lack of motivation to take the perspective of individuals in a foreign culture, but also from inaccurate meta-knowledge of the foreign culture.


Abstract: Multiple curricular approaches are being used to teach cultural competency to nursing students in the United States in accordance with accrediting board standards. As nurse educators are searching for evidence based teaching practices, this article reviews the most commonly current teaching methods being used. Although a variety of methods are being implemented, little empirical evidence exists to suggest any one methodology for teaching cultural competency for nursing students produces significantly better outcomes. The use of clinical experiences, standardized patients and immersion experiences have produced the most favorable results which increase student awareness, knowledge and confidence in working with ethnically diverse patients.


Abstract: Globalisation and migration have inevitably shaped the objectives and content of medical education worldwide. Medical educators have responded to the consequent cultural diversity by advocating that future doctors should be culturally competent in caring for patients. As frontline clinical teachers play a key role in interpreting curriculum innovations and implementing both explicit and hidden curricula, this study investigated clinical teachers’ attitudes towards cultural competence training in terms of curriculum design, educational effectiveness and barriers to implementation. This study was based on interviews with clinical teachers from university-affiliated hospitals in Taiwan on the subject of cultural competence. The data were transcribed verbatim and translated into English. The interviews were analysed using grounded theory to identify and categorise key themes. Five main themes emerged: (i) there was a clear consensus that students currently lack sufficient cultural competence; (ii) the teachers agreed that increased exposure to cultural diversity improved students’ cultural understanding; (iii) present curriculum design was generally agreed to be inadequate, and it was argued that devoting space to developing cultural competence across the curriculum would be a worthwhile endeavour; (iv) different methods of performance assessment were proposed; and (v) the main obstacles to teaching and assessing cultural competence were perceived to be a lack of commonly agreed goals, the low priority accorded to it in an overloaded curriculum and the inadequacy of teachers’ cultural competence. Eliciting the viewpoints of the key providers is a first step in curriculum innovation and reform. This study demonstrates that clinical teachers acknowledge the need for explicit and implicit training in cultural competence, but there needs to be further debate about the overall goals of such training, the time allotted to it and how it should be assessed, as well as a faculty-wide development programme addressing pedagogical needs.


Abstract: Proponents of health workforce diversity argue that increasing the number of minority health care providers will enhance cultural similarity between patients and providers as well as the health system’s capacity to provide culturally competent care. Measuring cultural similarity has been difficult, however, given that current benchmarks of workforce diversity categorize health workers by major racial/ethnic classifications rather than by cultural measures. This study examined the use of national racial/ethnic categories in both patient and registered nurse (RN) populations and found them to be a
poor indicator of cultural similarity. Rather, we found that cultural similarity between RN and patient populations needs to be established at the level of local labor markets and broadened to include other cultural parameters such as country of origin, primary language, and self-identified ancestry. Only then can the relationship between cultural similarity and cultural competence be accurately determined and its outcomes measured.


Abstract: The increasing diversity of the populations encountered and served by child welfare workers challenges cultural competence models. Current concerns focus on the unintentional over-emphasis on shared group characteristics, undervaluing unique differences of individuals served, and privileging worker expertise about the client’s culture, thereby exacerbating the power imbalance between them. This article promotes cultural humility in child welfare service delivery as a complement to cultural competence, to liberate workers from expectations of cultural expertise about others, and to actively engage the clients, inclusive of their cultural differences, in the service delivery process. Skills and practice principles are discussed.


Abstract: Environmental studies and natural resource sciences frequently engage diverse cultural groups in field practices and research. This article reviews evidence of the usefulness of cultural competence theory and its skill components in nursing, social work, and psychology to demonstrate the importance of analogous training in the environmental sciences. The Northeast Ethics Education Partnership (NEEP) has promoted short courses and workshops for training graduate students and faculty in environmental studies, natural resource sciences, and engineering in cultural competence. In conjunction with this training, NEEP has gathered and reviewed published accounts of environmental field experience with respect to cultural competence that participants found useful. This article describes materials and methods of this training; promotes the need to develop an “environmental cultural competence theory and practice”; identifies barriers to such theoretical development training in graduate schools; and suggests potential solutions.


Abstract: Recent reports indicate that the quality of care provided to immigrant and ethnic minority patients is not at the same level as that provided to majority group patients. Although the European Board of Medical Specialists recognizes awareness of cultural issues as a core component of the psychiatry specialization, few medical schools provide training in cultural issues. Cultural competence represents a comprehensive response to the mental health care needs of immigrant and ethnic minority patients. Cultural competence training involves the development of knowledge, skills, and attitudes that can improve the effectiveness of psychiatric treatment. Cognitive cultural competence involves awareness of the various ways in which culture, immigration status, and race impact psychosocial development, psychopathology, and therapeutic transactions. Technical cultural competence involves the application of cognitive cultural competence, and requires proficiency in intercultural communication, the capacity to develop a therapeutic relationship with a culturally different patient, and the ability to adapt diagnosis and treatment in response to cultural difference. Perhaps the greatest challenge in cultural competence training involves the development of attitudinal competence inasmuch as it requires exploration of cultural and racial preconceptions. Although research is in its infancy, there are increasing indications that cultural competence can improve key aspects of the psychiatric treatment of immigrant and minority group patients.


Abstract: A critical component in making hospice and palliative care services accessible and acceptable to diverse communities is preparation of all providers to enhance cultural competence. This article reports a study designed to test an educational intervention aimed at expanding cultural awareness, sensitivity, and competence with a multidisciplinary and multilevel team of hospice workers. The purpose of this quasi-experimental, longitudinal, crossover design was to test the effects of an educational intervention for multidisciplinary hospice providers. Findings demonstrated that even with a modest face-to-face intervention, cultural competence scores were significantly greater after the educational intervention for participants in both groups. Although the intervention proved successful at enhancing cultural competence scores among diverse types of hospice workers, limitations and logistic insights gained from this
pilot suggest the need for examination of alternative methods of program delivery.


Abstract: Dependency attorneys who represent children in child abuse and neglect proceedings engage in cross-cultural lawyering. Beyond the inevitable cultural differences between lawyer and child client in terms of education, development, and age, there are often differences in race, sexual orientation, language, neighborhood of residence, and countless other cultural dimensions. Cultural differences can lead to miscommunications and misunderstandings between attorney and client, which in turn hurt the quality of representation. Increasing the cultural competence of an attorney can improve the attorney’s ability to work effectively with children from different cultures. Unfortunately, very few states currently require cultural competence training for attorneys who represent children. This article calls for making cultural competence training mandatory for all dependency attorneys to improve the quality of representation for children involved in the dependency system.


Abstract: The aim of this study was to identify components of cultural competence in mental health programs developed for cultural groups by community and mental health professionals from these groups. Three programs were studied: a prevention program primarily serving African-American and Afro-Caribbean youth, a Latino adult acute inpatient unit, and a Chinese day treatment program in a community-based agency. Nine study-trained field researchers used a semistructured instrument that captures program genealogy, structure, processes, and cultural infusion. Program cultural elements were identified from field notes and from individual and group interviews of consumers and staff (*N* = 104). A research-group consensus process with feedback from program staff was used to group elements by shared characteristics into the program components of cultural competence. Components included communication competencies (with use of colloquials and accepted forms of address); staff in culturally acceptable roles; culturally framed trust building (such as pairing youths with mentors), stigma reduction, friendly milieu (such as serving culturally familiar foods and playing music popular with the culture), and services; and peer, family, and community involvement (including use of peer counselors and mentors, hosting parent weekends, and linking clients with senior center and community services). Incorporating these components into any program in which underserved cultural populations are seen is recommended for improving cultural competence.


Abstract: Purpose: The paper aims to propose that Community of Competence TM (C of C), as a catalyst for change, can foster and accelerate a paradigm shift in how longstanding, complex problems in health care are perceived, interpreted, and resolved. When multiple stakeholders within a C of C share a common or superordinate goal, group productivity increases as more effective and efficient use is made of human and material resources. Design/methodology/approach: The authors used the logical step-by-step process of systems thinking to see the whole picture, from beginning to end. Continuously cycling trial solutions back through the entire system improved the depth and breadth of results. Participants in each of the three ongoing projects used the safety and welfare of patients, the only true customers of health care, as a superordinate goal. This sole focus expedited and clarified decision making and provided valuable information on best practices for use in improving the safety and overall quality of patient-centered care. Findings: Results of anecdotal, observational, and documented findings validated the decision to continue using patient safety and patient welfare as the common, unifying superordinate goal in health care. The flexible structure and competency-based, interactive work environment of C of C support networking and sharing of unique competencies and knowledge to guide a focused, streamlined problem-solving processes. Originality/value: C of C has been used for more than seven years to analyze high-priority healthcare problems and to create comprehensive, realistic solutions. When members of a proven competence identify a superordinate goal, collaborate and openly share tacit and explicit knowledge, the efficiency, effectiveness, and quality of solutions increase.


Abstract: Nurses are culturally unique individuals who subscribe to nursing and healthcare cultures as well as their own culturally learned assumptions and viewpoints. Likewise, their patients have cultural attitudes and preferences,
which may conflict with those of the nurse or the healthcare culture. Nurses need to be aware of cultural differences in order to provide competent and compassionate patient care. Smith discusses what culturally competent nursing care means, why it is important, and how nurses can deliver it.


Abstract: Cultural competence is best understood by assessing provider and client perspectives. In this descriptive quantitative study, clients assessed dimensions of nurses’ cultural competence including communication, decision-making, and interpersonal style. Nurses in 7 county health departments in North Carolina assessed their own cultural competence. Sixty-nine clients completed the Interpersonal Processes of Care and 71 nurses completed the Cultural Competence Assessment. Clients perceived their nursing care to contain key components of cultural competence. Nurses rated themselves as moderate to high cultural competence. Consistencies were noted between the clients’ and nurse perceptions of cultural competence. These findings contribute to the enhancement of cultural competence among community nurses.


Abstract: Calls for incorporating cultural competence in psychology have been hindered for a number of reasons: belief in the universality of psychological laws and theories, the invisibility of multicultural policies and practices, differences over defining cultural competence, and the lack of a conceptual framework for organizing its multifaceted dimensions. A proposed multidimensional model of cultural competence (MDCC) incorporates three primary dimensions: (a) racial and culture-specific attributes of competence, (b) components of cultural competence, and (c) foci of cultural competence. Based on a 3 (Awareness, Knowledge, and Skills) × 4 (Individual, Professional, Organizational, and Societal) × 5 (African American, Asian American, Latino/Hispanic American, Native American, and European American) factorial combination, the MDCC allows for the systematic identification of cultural competence in a number of different areas. Its uses in education and training, practice, and research are discussed.


Abstract: Researchers and program developers in medical education presently face the challenge of implementing and evaluating curricula that teach medical students and house staff how to effectively and respectfully deliver health care to the increasingly diverse populations of the United States. Inherent in this challenge is clearly defining educational and training outcomes consistent with this imperative. The traditional notion of competence in clinical training as a detached mastery of a theoretically finite body of knowledge may not be appropriate for this area of physician education. Cultural humility is proposed as a more suitable goal in multicultural medical education. Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, to redressing the power imbalances in the patient-physician dynamic, and to developing mutually beneficial and nonpaternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations.


Abstract: The present study was designed to assess the viability of developing quantitative measures of cross-cultural competence as an emergent organizational-level construct using samples of military organizations. Cross-cultural competence has predominantly been discussed as an individual-level construct but has not been extensively assessed as an organizational-level phenomenon. A synthesis of the cross-cultural competence, organizational intelligence, and multilevel analysis literatures was used to construct a theoretical basis for organizational cross-cultural competence and the development of quantitative measures of the construct. Based on this synthesis, three strategies were identified for assessing cross-cultural competence at the organizational level of analysis. Three studies were conducted to test these three strategies, each of which was supported empirically through the successful generation of interpretable organization-level scales and subscales. In a fourth study, each of the organization-level measures developed in Studies 1, 2, and 3 was found to be related to organization-level indices of organizational climate, perceived organization effectiveness, and cohesion.


Abstract: Background: Nurses are responsible and accountable for their nursing practice and there is a need to be culturally and linguistically competent in all of their
encounters. To be culturally competent community nurses should have the appropriate transcultural education. It is therefore important to assess the level of cultural competence of the community nurses, within their everyday practice. Aim: The aim of the article was the cultural adaptation of the Cultural Competence Assessment Tool based on Papadopoulos, Tilki and Taylor Model in a sample of Cypriot community nurses. Methodology: To explore the psychometric properties of the Cultural Competence Assessment Tool that has been distributed in a sample of 28 community nurses. Also, a pre- and post-measurement has been applied to assess the test-retest reliability of the tool. Results: The analysis has shown that the Cultural Competence Assessment Tool has good psychometric properties and it is easy to understand by the community healthcare professionals. Results showed that 60.7% disagreed that there is the same level of cultural competency with other European countries and 89.3% reported that assessment of their cultural competence is needed. Using the special analysis software for this tool, the pilot study showed that Cypriot community nurses have some degree of cultural awareness. Conclusion: Culturally competent care is both a legal and a moral requirement for health and social care professionals. Valuing diversity in health and social care enhances the delivery and effectiveness of care for all people, whether they are members of a minority or a majority cultural group. Using an appropriate tool for assessing cultural competence is very important and useful for health professionals to be culturally competent.


Abstract: Multicultural professional psychologists routinely assert that psychotherapeutic interventions require culturally competent delivery for ethnoracial minority clients to protect the distinctive cultural orientations of these clients. Dominant disciplinary conceptualizations of cultural competence are “kind of person” models that emphasize specialized awareness, knowledge, and skills on the part of the practitioner. Even within psychology, this approach to cultural competence is controversial owing to professional misgivings concerning its culturally essentialist assumptions. Unfortunately, alternative “process-oriented” models of cultural competence emphasize such generic aspects of therapeutic interaction that they remain in danger of losing sight of culture altogether. Thus, for cultural competence to persist as a meaningful construct, an alternative approach that avoids both essentialism and generalism must be recovered. One means to capture this alternative is to shift focus away from culturally competent therapists toward culturally commensurate therapies. Indigenous communities in North America represent interesting sites for exploring this shift, owing to widespread political commitments to Aboriginal cultural reclamation in the context of postcoloniality. Two examples from indigenous communities illustrate a continuum of cultural commensurability that ranges from global psychotherapeutic approaches at one end to local healing traditions at the other. Location of culturally integrative efforts by indigenous communities along this continuum illustrates the possibility for local, agentic, and intentional deconstructions and reconstructions of mental health interventions in a culturally hybrid fashion.


Abstract: With disasters on the rise, counselors need to increase their cultural awareness, knowledge, and skills to work with affected communities. This study reports outcomes of a four-week immersion experience in southern Africa with six counselor-trainees. Data sources for this qualitative study were: daily journals and demographic forms. Outcomes suggest that sustained contact with community residents and daily supervision experiences served to improve cultural awareness. Recommendations include pushing through students’ resistance using a non-linear dynamic model of transformation.


Abstract: Definitions of cultural competence often refer to the need to be aware and attentive to the religious and spiritual needs and orientations of patients. However, the institution of psychiatry maintains an ambivalent attitude to the incorporation of religion and spirituality into psychiatric practice. This is despite the fact that many patients, especially those from underserved and underprivileged minority backgrounds, are devotedly religious and find much solace and support in their religiosity. I use the case of mental health of African Americans as an extended example to support the argument that psychiatric services must become more closely attuned to religious matters. I suggest ways in which this can be achieved. Attention to religion can aid in the development of culturally competent and accessible services, which in turn may increase engagement and service satisfaction among religious populations.

Abstract: The purpose of this study was to measure the process of cultural competence over time in a group of Health Science Faculty teaching nursing and other allied health students. Faculty (n = 28) were administered the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals (IAPCC) prior to a cultural competence workshop, immediately after the workshop, and again at three months, six months and 12 months. The mean scores increased significantly with each administration of the IAPCC from the pretest administration (52.17) to the 12 month administration (59.71) demonstrating new knowledge related to cultural competence as a process.


Abstract: In the past few years, a number of important events related to cultural competence have happened. For instance, The Sullivan Commission (2004) released its report on the status of minorities in the health professions, the American Academy of Nursing Expert Panel published its report on cultural competence (Giger et al., 2007), and the 2008 National League of Nursing Summit took place with a theme on “Diversity in Nursing Education.” Recently, I came across two documents on cultural competence. The first one is the Tool Kit for Teaching Cultural Competence in Nursing Education (Tool Kit hereafter) by the American Association of Colleges of Nursing (AACN, 2008). The second one is a report on a national survey study titled Hospitals, Language, and Culture: A Snapshot of the Nation (Snapshot hereafter) by the Joint Commission (Wilson-Stronks & Galvez, 2007). In this column, I will review the two seminal documents and address their utility and implications for nursing education and practice. For the purpose of this column, cultural competence is broadly conceptualized so that it can be applied not only to individuals but also to institutions.


Abstract: Rapidly changing demographics in the U.S. present increased opportunities for relationships with individuals of other cultures and ethnicities. Consequently, practitioners in the helping and caring disciplines need to be prepared to provide culturally competent care. The goal of this evolutionary concept analysis is to explore the construct of cultural competence as it is used in nursing and several related disciplines. The historical evolution of the construct, cultural competence, and major issues associated with the construct will be investigated.

Additional Cultural Competence Articles


