



As of June 4 2019, the Nova Scotia College of Nursing (NSCN) was formed to regulate licensed practical nurses (LPNs), registered nurses (RNs) and nurse practitioners (NPs) on behalf of the public, replacing the former College of Licensed Practical Nurses of Nova Scotia (CLPNNS) and College of Registered Nurses of Nova Scotia (CRNNS) (the “legacy Colleges”).

Although the information in this document reflects our most current information about this topic, you will notice the content refers to the previous relevant legislation and the legacy College that published this document prior to June 4, 2019.

We appreciate your patience while we work towards updating all of our documents to reflect our new name, legislation and brand.

If you have additional questions about this document, please contact a NSCN Practice Consultant at practice@nscn.ca.



Registered nurses (RNs) and nurse practitioners (NPs) in Nova Scotia provide services to clients from a wide range of cultures, making it imperative for them to have the competencies to provide culturally competent care. Cultural competence is the process by which RNs and NPs continuously make every effort to deliver nursing care effectively within the client's cultural context, making it an integral part of patient-centered care (Campinha-Bacote, 2011). Culturally competent care can decrease healthcare disparities and improve access to healthcare while respecting client diversity (Nova Scotia Department of Health and Wellness, 2011). When clients are not approached in a culturally competent manner, the intent of the health care encounter may be perceived as not respectful of their unique needs based on their cultural perspective. This may cause them to withdraw from further contact with the health care system (Dunn, 2002).

As the regulatory body for RNs and NPs in Nova Scotia, CRNNS is responsible for establishing the *Standards of Practice for Registered Nurses*, *Nurse Practitioner Standards of Practice*, the *Code of Ethics for Registered Nurses* and *Entry-level Competencies for Registered Nurses* which identify expectations for nurses in the provision of culturally competent care.

Roles and Accountabilities for Culturally Competent Care

This document briefly describes accountabilities of RN and NP in providing culturally competent care. Additionally employers, educational institutions and government, have a role in promoting culturally competent care.

INDIVIDUAL RNS AND NPS

RNs and NPs learn about providing culturally competent care during their nursing education programs, including the impact a client's unique culture and diversity can have on the delivery of nursing care. Diversity may include but is not limited to a person's age, ethnicity, socioeconomic status, gender, physical abilities, sexual orientation, educational background, religious beliefs, political beliefs, and geographical location.

Both entry-level and experienced nurses are responsible for maintaining and continually enhancing their knowledge and competence in cultural care.

RNs and NPs must adhere to provincial and federal legislation, such as the *Human Rights Act*, related to the provision of culturally competent care as well as meet the CRNNS' *Standards of Practice for Registered Nurses*, *Nurse Practitioner Standards of Practice*, the *Code of Ethics for Registered Nurses*, and *Entry-level Competencies for Registered Nurses*. These specific sections apply to the provision of culturally competent care:

1. Indicator 2.7 in the [Standards of Practice for Registered Nurses](#)
2. Indicator 2.3 in the [Nurse Practitioner Standards of Practice](#)
3. Ethical Responsibilities D.2, D.3, D.4 and F.1 in the [Code of Ethics for Registered Nurses](#)
4. Competencies 6, 30, 42 and 49 in the [Entry-level Competencies for Registered Nurses](#)

RNs and NPs must recognize that cultural differences exist, explore these issues with clients and create a safe space for clients to feel comfortable to express their cultural beliefs and needs. We caution RNs and NPs to avoid making assumptions about individual clients or groups. While exploring these issues RNs and NPs should be aware of and mitigate any potential power imbalance that may impact their relationship with the client.

RNs and NPs should determine whether there is a cultural competence model or assessment tool that is used within their organization to guide their nursing practice. If there is no model or assessment tool, RNs and NPs should advocate for the adoption of one, such as Campinha-Bacote's *Process of Cultural Competence in the Delivery of Healthcare Services* described below, which focuses on the physical assessment of the client as well as ethnic and cultural differences. Other cultural assessment tools RNs and NPs may wish to consider include LEARN (Berlin & Fowkes, 1982) and ETHNIC (Levine, Like & Gottlieb, 2000).

EMPLOYERS, EDUCATIONAL INSTITUTIONS AND GOVERNMENT

Employers

A culturally competent organization understands, respects and actively involves individuals from diverse cultures. Employers in such an organization support RNs and NPs to integrate the principles of culturally competent care in their interactions with clients and support the creation of a culturally safe environment.

Educational Institutions

Educational institutions are responsible to integrate issues of diversity and culture into curricula, provide educational programs that enable student nurses to acquire, maintain and enhance cultural competencies and monitor and evaluate the impact of cultural competence content in their programs. Educators must also recognize and address explicit professional, theoretical and cultural biases in curriculum content.

Government

The provincial and federal governments are responsible to promote diversity, tolerance and cultural acceptance, promote culturally competent care at the individual and system levels, and enact legislation that protects human and cultural rights.

A Model for Cultural Competence

There are a variety of cultural competence models that RNs and NPs can use to guide their practice. One such model is Campinha-Bacote's *Process of Cultural Competence in the Delivery of Healthcare Services*, which views cultural competence as "the ongoing process in which the healthcare professional continually strives to achieve the ability and availability to work effectively within the cultural context of the patient (individual, family, and community)" (Campinha-Bacote, 2011, para. 5).

This model asserts that cultural competence is a process that healthcare providers must engage in continually. By incorporating the five constructs of the model into their practice, they will effectively assess their client's cultural needs, allowing them to integrate these needs into the client's plan of care.

The assumptions of Campinha-Bacote's (2011) model

- Cultural competence is a process, not an event
- Cultural competence consists of five constructs:
 - Cultural awareness
 - Cultural knowledge
 - Cultural skill
 - Cultural encounters
 - Cultural desire
- There is more variation within ethnic groups than across ethnic groups (intra-ethnic variation)
- There is a direct relationship between the level of competence of healthcare providers and their ability to provide culturally responsive healthcare services
- Cultural competence is an essential component in rendering effective and culturally responsive services to culturally and ethnically diverse clients

Cultural awareness involves a process of self-reflection about one's own culture and values as well as any biases, prejudices and assumptions they may have about others. This awareness can prevent RNs and NPs from imposing their cultural beliefs on the care and services they provide.

Cultural knowledge requires RNs and NPs to have an understanding about the beliefs and values of diverse cultures and ethnic groups, including their beliefs about health and healthcare. This knowledge can be accessed through reviewing literature, speaking with people from different cultural backgrounds, attending cultural events, etc.

Cultural skill relates to the approach used to assess a client's culture and its impact on their health status and healthcare needs. These skills should be applied to all aspects of client care including health history, socioeconomic determinants of health and physical and psychological assessment.

A **cultural encounter** involves the nurse having meaningful interactions with clients from culturally diverse backgrounds. Through these encounters they can enhance their understanding of ethnic and cultural differences and assist them in delivering culturally competent care. The goal from these encounters is not to develop a list of attributes about the culture that can lead to stereotypes but rather to expand the understanding of a particular culture.

Cultural desire occurs when the nurse wants to engage in the process of becoming culturally competent. The nurse themselves must recognize the value in becoming culturally competent, rather than being required to do so.

Conclusion

Understanding the impact that a client's culture may have on their health and illness contributes to holistic care and the achievement of optimal health outcomes. This is a shared responsibility between the many parties; however RNs and NPs can demonstrate their leadership competencies by embracing differences and showing respect for the cultural needs of their clients in their care.

Operational Definitions

Cultural competence: the process by which RNs and NPs continuously make every effort to deliver nursing care effectively within the client's cultural context (Campinha-Bacote, 2011).

Culture: shared patterns of learned behaviours and values that are integrated within a group over time and that distinguish that group from others. Culture includes customs, habits, traditions, ethnicity, language, religion and spiritual beliefs, health and illness beliefs, gender, social economic class, age, sexual orientation, geographic origin, education, music, clothing, interaction/ communication patterns, and life experiences.

Diversity: recognizes that each person is unique. It includes but is not limited to a person's age, ethnicity, socioeconomic status, gender, physical abilities, sexual orientation, educational background, religious beliefs, political beliefs, and geographical location.