Knowledge and Action
Developing Cultural Competence

In the rush of today’s busy clinical practices, psychiatric nurses, who know the importance of developing the therapeutic alliance, may sometimes neglect to act on those principles. In my clinical and research experience, clients have always placed a strong emphasis on the importance of working with clinicians who will listen to them. In addition, cultural competence must now be added to this core practice.

DEVELOPING CULTURAL COMPETENCE

More specifically, it is imperative that we, as psychiatric-mental health nurses, engage in daily contemplation of our practice, especially in terms of how we are interpreting what clients are saying and doing. For example, are clients who talk to themselves experiencing hallucinations or conversing with ancestors for advice? Are we beginning our interviews with clients by relying too much on what happened last time? Do clients who seem distressed, even violent, come from cultures in which people tend to express themselves forcefully? One clinician I work with told me she had interviewed a nurse who said that respect was the key word for her as she works with clients. In fact, this nurse indicated she thought this was the reason, in her interactions with a particularly disruptive client, she was one of the few nurses who had not been hit.

Although the specific competencies for delivering culturally competent care have not yet been fully articulated, a growing body of knowledge suggests it is an important contributor to outcomes. The Joint Commission on Accreditation of Healthcare Organizations (“The Impact of Cultural Competence,” 2004) emphasizes the importance of cultural competence in terms of safety and provides compelling examples of tragic, and potentially tragic, outcomes when the cultural aspects of care are poorly understood.

In this era of cultural diversity, nurses and nurse leaders must ensure all cultural aspects of the therapeutic relationship are in place. Clients want strong connections with staff, and these connections influence length of stay, treatment adherence, survival rates among cardiac patients, health problems, and outcomes in long-term care and chronic illness associated with longer life and certain lifestyle decisions.

THE ROLE OF NURSES AND LEADERS

Health outcomes are also strongly affected by racial and ethnic disparity in health care delivery (Srivastava, in press). Therefore, it is essential for nurses to constantly examine practice issues related to cultural and linguistic elements.

Srivastava (in press) argues that three levels of cultural competence—individual, group, and system—must be considered. Heeding these elements and their interactions provides insights and enables links to be forged. For example, nurses, both individually and as a group, must articulate their training needs and work to improve their practice. Clinical supervision and staff support are aspects of practice development that lead to improved outcomes. There is an urgent need for nurse leaders to show how clinical supervision is being operationalized, raise awareness of the nature of the therapeutic alliance, and clarify that seeking supervision is part of providing care, rather than an indication that work is not being well managed. Leaders must articulate the expectations and supports for nurses in the workplace. Providing care means demonstrating that our practice makes a difference. It is no longer sufficient to talk about culturally diverse populations, including ourselves, we must also act.

REFERENCES


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