The need to use global guidelines for nursing education and practice has never been more apparent than now, when nurse migration is increasing at a rapid rate, not only in the United States but throughout the world. The patients whom we see and the health care teams we work with on a daily basis are increasingly diverse in all aspects of culture—views, beliefs, practices, behaviors, and education. For instance, foreign-educated nurses working in Australia, Canada, the United Kingdom, and the United States total 5% to 10% of their workforces (Kingma, 2007); however, that number rises to 60% to 70% of the total nursing workforce in some facilities in the United States (Nichols, 2007).

Yes, the United States has its own guidelines for culturally competent care, which are taught in basic and graduate nursing schools across the nation. But now, a considerable portion of nurses in this country—as well as across the world—practice, teach, consult, and conduct research in countries other than where they received their nursing education. It is time to apply a global approach to culturally competent nursing education and practice, one that uses the universal principles that are steeped in the human rights and social justice principles accepted by signatory countries of the United Nations (UN) and by the more than 130 national nursing association members of the International Council of Nurses (ICN).

More than 6 years ago, a task force composed of members from the American Academy of Nurses (AAN) and the Transcultural Nursing Society (TCNS) was formed to explore the need for standards of culturally competent care that could be applied globally. During the ensuing 6 years, they established the critical need for such guidelines from the ICN-membered nursing councils, non-governmental organizations, and government-related organizations such as the World Health Organization (WHO), World Bank, Royal College of Nursing, and the U.S.
American Association of Colleges of Nursing (AACN). They first published these standards in the *Journal of Transcultural Nursing* (Douglas et al., 2009) and requested comments from all readers. They reviewed the feedback, revised the documents, and published an update 2 years later (Douglas et al., 2011).

For the next 3 years, they worked with the ICN, AAN, American Nurses Association, AACN, and other organizations worldwide to disseminate and explain the need for the standards and the benefit to nursing everywhere as well as to consumers of health care. The document was published in Spanish, and it was also translated in Italian and published in *Health and Society* last year (Douglas et al., 2013). AACN also included it in their *Toolkit for Cultural Competence in Masters and Doctoral Education* (AACN, 2011). Members revised the document as guidelines to better suit the many definitions of nursing and levels of nursing education and practice worldwide (Currie & Carr-Hill, 2013). It was endorsed by the AAN’s Expert Panel on Global Nursing and Health, AAN’s Expert Panel on Cultural Competence, and the Transcultural Nursing Society. In December 2013, it was finally endorsed as “Guidelines for Implementing Culturally Competent Nursing Care” by the ICN.

The guidelines draw on more than 50 documents from national and international organizations such as the UN, WHO, ICN, AACN, Nursing Council of New Zealand, and the United Kingdom’s Royal College of Nursing. They cover the need for nurses at all levels of education and practice, and in any geographic setting, to:

- Provide health care that is informed by the culture of the client.
- Provide education in cultural competence to all staff and students.
- Regularly engage in critical reflection.
- Use cross-cultural communication practices.
- Provide culturally congruent care.
- Evaluate and meet culturally competent standards at the organizational level.
- Advocate for and empower the patient.
- Ensure a multicultural workforce at the organizational level (i.e., hospital or academia).
- Use cross-cultural leadership skills.
- Base practices on evidence and research.

These guidelines are accompanied by illustrative examples to guide application to specific populations and settings, such as mental health care. The guidelines stand as evidence-based examples of how culturally competent care can be implemented in any setting and geographic location.

I have briefly traced the history of the creation, revisions, and endorsement of these guidelines over the years for three reasons:

(a) It exemplifies the long and arduous task that confronts any group that commits to making changes in health care practices, whatever the specialty or level of practice.

(b) It concludes with a level of success; these guidelines were endorsed for global use in nursing education and practice by the ICN.

(c) It is the next stage in the process of creating positive change in health care, and that is to disseminate the information so that it can be accessed, understood, examined, and applied in education and practice. The 2014 version of these guidelines is available for use in psychiatric-mental health education and treatment (Douglas et al., 2014), and I invite all readers of the *Journal of Psychosocial Nursing and Mental Health Services* to examine them, consider how they might be used in your practice, and share them with your colleagues, via listserv, posting on a staff bulletin board, downloading and mailing them, referring to them in a paper, bringing them to a meeting, or batch e-mailing across the globe. It is a brave new world, and here is one inexpensive way we can improve our care to all; decrease the inequities, disparities, and misunderstandings across cultures; truly respect our patients; and further strengthen the humanity of our own profession.

REFERENCES


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The author has disclosed no potential conflicts of interest, financial or otherwise.

doi:10.3928/02793695-20140331-99