

A Case for Transcultural Nursing Administration

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Abstract

Context: Globally, nurses provide care to progressively more diverse individuals, groups, communities, and populations. School of Nursing must be able to prepare clinicians who can meet the health and illness needs of increasingly multiracial and multiethnic populations. To be able to do so, Nursing curricula must be informed by the social determinants of health that influence health disparities among diverse populations, coordinate clinical experiences that provide opportunities for students to develop cultural awareness and cultural sensitivity knowledge and skill, and integrate intercultural communication strategies requisite for the provision of culturally congruent care. Therefore, the purpose of this article to underscore the seminal works that have underscored the value and utility of incorporating the concepts of transcultural nursing administration as an organizing framework for nursing education and practice.

Case: Changing consumer demographics, principles of transcultural nursing administration, and the Diversity Competency Model serve as a model case intended to inform the provision of culturally and linguistically appropriate programs and services to diverse consumers within a healthcare organization.

Conclusion: The consequences of transcultural nursing administration are nursing practitioners who are competent to provide culturally congruent care to diverse individuals, groups, communities, and populations, who can function independently and interdependently as integral members of multicultural, interprofessional healthcare teams, and who are able to expand the scientific body of knowledge related to transcultural nursing.

Keywords: Transcultural nursing administration; Cultural competence; Disparities

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Introduction

Globally, nurses provide care to progressively more diverse individuals, groups, communities, and populations. Schools of Nursing must be able to prepare clinicians who can meet the health and illness needs of increasingly multiracial and multiethnic populations. To be able to do so, Nursing curricula must be informed by the social determinants of health that influence health disparities among diverse populations, coordinate clinical experiences that provide opportunities for students to develop cultural awareness and cultural sensitivity knowledge and skill, and integrate intercultural communication strategies requisite for the provision of culturally congruent care. Therefore, the purpose of this article to highlight the seminal works that have underscored the value and

utility of incorporating the concepts of transcultural nursing administration as an organizing framework for nursing education and practice.

Background

As an ethical imperative, globalization mandates that nursing, as a socially responsible discipline, ensures cultural competency of its practitioners. Accordingly nursing education and practice models must transform to integrate transcultural principles that reflect the cultural diversity of the patients and families to and for whom nurses provide care, and mirror the diversity represented among the health care team. Consequently, nurse administrators must

recognize that culturally based administrative practices are essential to the fiscal health and viability of health care agencies, and the subsequent strategic positioning of organizations within the community, depend on a sufficient culturally, ethnically, linguistically, and spiritually diverse nursing workforce that reflects the multiplicity of the population of patients, families, and communities served [1,2].

Patients expect congruence among their health values, care needs, and health care services [3-5]. Healthcare organizations must be able to provide consumers with effective and safe clinically and linguistically appropriate programs and services [6]. For example, in the United States, racial and ethnic minorities comprise more than one fourth of the population, yet only 10% of employed registered nurses represent racial and/or ethnic minorities [7]. Thus, a culturally diverse workforce is essential to meeting the healthcare needs of the population. Consequently, it is imperative to integrate concepts of transcultural nursing administration into the organizing framework of health care organizations and to design nursing systems and models of care that reflect a value of and commitment to the provision of culturally sensitive care.

Leininger [8] described a framework for culturally relevant nursing decisions and actions as culturally congruent care which "refers to the use of sensitive, creative, and meaningful care practices to fit with the general values, beliefs, and lifeways of clients for beneficial and satisfying health care, or to help them with difficult life situations, disabilities, or death" [9]. Increasing awareness of cultural diversity improves the possibilities for healthcare practitioners to provide culturally competent care [4,10].

Transcultural Nursing Administration

Transcultural nursing administration is described as "a creative and knowledgeable process of assessing, planning, and making decisions and policies that will facilitate the provision of education and clinical services that take into account the cultural caring values, beliefs, symbols, references, and lifeways of people of diverse and similar cultures for beneficial or satisfying outcomes" [8,3-5]. It is essential that nurse leaders accept the challenge of understanding their current environment in order to develop program that affirm and reflect the value of differences [11].

Andrews [2] described a five-step cultural assessment process to be considered when nurse administrators determine that culturally relevant organizational changes are indicated. Essential aspects of the process require that nurse administrators: 1) gather demographic and descriptive data; 2) assess the organization's strengths and limitations; 3) determine the need and readiness for change; 4) implement the change; and 5) critically evaluate the change and modify as indicated.

Gathering demographic and descriptive data includes identifying the predominant cultural, ethnic, linguistic, and spiritual groups represented in the service area and describing the effectiveness of current systems and processes in meeting the needs of diverse consumers. Assessing the organization's strengths and limitations encompasses analyses of the institution's philosophy

and practices toward diversity and the presence or absence of an organizational culture and values that promotes cultural awareness and sensitivity among its key stakeholders. Key aspects of care to consider include translation/interpreter services, religious services, culturally relevant policies and procedures, and nursing assessment and documentation systems that integrate the client's values and beliefs into the plan of care [2].

The third step in the process centers on organizational readiness for change. Essential to success is ongoing dialogue with all key internal and external stakeholders aimed at the discovering strengths, weaknesses, opportunities, and barriers and the anticipated resources needed to support the provision of culturally and linguistically appropriate care and services. The next step is to implement a change management scheme that includes a detailed action plan including goals and objectives, a timeline, roles and responsibilities, formative and summative benchmarks, developing a contingency plan, and an ongoing process for sustainability. Finally, nurse administrators must analytically evaluate the planned change against pre-established benchmarks of success utilizing performance improvement and satisfaction data. Imperative throughout the five-step process is the integration of representatives from the cultural, ethnic, linguistic, and spiritual internal and external communities [2].

Diversity Competency Model

The Diversity Competency Model was developed by nurse leaders at the Mayo Clinic in response to changing patient demographics. The model illustrates the dynamic interplay among the four main elements, namely, drivers, linkages, cultures, and measurements, that underscore Nursing's commitment to "visible leadership support, building a diverse nursing workforce, and creating a work environment supportive of employee success" [1].

Drivers refer to how the organization leads and responds to internal and external forces. Key drivers of the model were the committee structure principally related to recruitment and retention practices, patient care practices, and interprofessional collaboration. Committees focused on developing education and practice activities that promoted diversity and fostered an environment of respect and inclusion. So as to inform committees on the needs of diverse patients, underrepresented minorities were actively recruited to become members of various committees [1].

Linkages describe how the organization integrates diversity throughout all levels of the workplace. Internal linkages included unit-based, interprofessional shared decision-making councils that encouraged diverse approaches to nursing management reflective of the needs of each unit. Furthermore, the appointment of unit staff to hospital-wide committees fosters an understanding of diversity issues throughout the organization and permits access to culturally relevant information and feedback related to overlapping interdepartmental diversity issues. The nursing and human resource departments collaborated to establish and maintain external linkages with minority nursing organizations and to advertise in nursing journals reflective of the diversity within the internal and external service communities [1].

Culture explains how the organization creates a work environment that reinforces behaviors. Respect for diversity and a celebration of differences are vertical and horizon threads woven throughout all aspects of corporate culture. Initial and ongoing diversity awareness education programs were offered to all levels of staff so that practices could evolve beyond cultural awareness to cultural ac competence [1].

Measurement outlines how the organization measures outcomes for continuous progress and return on investment. A diversity database was developed that was used to track and trend issues related to demographic indicators which, in turn, provided feedback for continued improvement [1].

Implications for Nursing Administration

The synthesis of the concepts of Transcultural Nursing Administration with the elements of the Diversity Competency Model provide nurse administrators with an organizing framework necessary for decision making, continuous improvement, organizational fiscal viability, and the provision of programs

and services that are responsive to the diverse demographics of the service area. Nurse administrators must recognize the importance of culturally based administrative practices as essential to the fiscal health, economic growth, client and staff satisfaction, achievement of organizational goals, recruitment and retention of diverse staff, and strategic positioning of the organization within the community.

Transcultural nursing administration empowers nurses to practice in different and meaningful ways, not only because they have been taught to do so, but because health care organizations have woven transcultural concepts into their vision, mission, and philosophy statements, policies and standard operating procedures, goals, documentation systems, and performance outcomes. The consequences of which are nursing practitioners who are competent to provide culturally congruent care to diverse individuals, groups, communities, and populations, who can function independently and interdependently as integral members of multicultural, interprofessional healthcare teams, and who are able to expand the scientific body of knowledge related to transcultural nursing.

References

- 1 Frusti DK, Niesen KM, Campion JK (2003) Creating a culturally competent organization: use of the diversity competency model. *J Nurs Adm* 33: 31-38.
- 2 Andrews MM (1998) A model for cultural change. *Nurs Manag* 29: 62-66.
- 3 Leininger M (1995) *Transcultural nursing: concepts, theories, research, and practices* (2nd Edn), New York: McGraw-Hill.
- 4 Leininger M, McFarland MR (2006) *Transcultural nursing: concept, theories, research, and practice* (4th Edn), New York: McGraw-Hill.
- 5 McFarland MR, Wehbe-Alamah H (2015) *Leininger's culture care diversity and universality: a worldwide nursing theory* (3rd Edn), Burlington, MA: Jones and Bartlett.
- 6 <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>
- 7 Health resources and service administrators bureau of health professions (2001) *The registered nurse population: national sample survey of registered nurses – March*. Rockville, MD: US Department of health and human services December 2017.
- 8 Leininger M (1996) Founder's focus: transcultural nursing administration: an imperative worldwide. *J Transcult Nurs* 8: 2833.
- 9 Leininger M, McFarland MR (2002) *Transcultural nursing: Concepts, theories, research, and practice* (3rd ed.). New York: McGraw-Hill.
- 10 Purnell LD (2013) *Transcultural health care: a culturally competent approach* (4th Edn). Philadelphia: F.A. Davis.
- 11 <https://eric.ed.gov/?id=ED450245>