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**A Concept Analysis on Culturally Congruent Care**

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**Abstract.** *Background:* Culturally congruent is providing quality care that promotes cultural competency. This includes extreme humility and extreme openness and acceptance of different culture in beliefs, values, and discipline. *Purpose:* This study aims to provide quality patient care despite the challenges in the healthcare plans like misinformation, mistrust and misinterpretation. The nurse should provide quality health care that suits to patient culture. *Methods:* The method use is a case analysis. The eight steps of this method are: 1) Selecting a concept; 2) Determining the aims or purposes of analysis; 3) Identifying all uses of the concept; 4) Determining the defining attributes of the concept; 5) Constructing a model case; 6) Constructing borderline, contrary, invented, and illegitimate cases; 7) Identifying antecedents and consequences; and 8) Defining empirical references. *Results:* The theory of culture care emphasizes in the uniqueness of nursing as a means to know and help the culture in the field of clinical practice. Culturally based care factors are recognized as major influence upon human expressions related to health and illness. The theory also serves as guide to nurses' thinking, practice and in research development. *Conclusion:* Integrating cultural competence models will promote effectiveness in nursing practice.

**Keywords:** Culture, Caring, Cultural Competency, Cultural Diversity, Cultural Humility

## Introduction

### Background

Culture care helps to improve different aspect that influence and improve quality of care. Knowing and understanding the different practices, beliefs and values will help us to respond in culture sensitivity. People have different cultures, different patterns of communication, thought process, behaviours, traditions, values and Philosophy, this aspect serve as boundaries to implement health care services and programs. Caring for culturally diverse patient and families has become common (Purnell, 2014).

Culturally congruent care is when a nurse understands and accepts differences of each culture. The nurse should respond to the culture sensitivity of the patient. Caring is enabling process which facilitates, assists, guides and helps someone with their culture. In caring we provide holistic care to our patient. But the most important is to completely understand them, how will they feel, what are the best care that you can provide that suit to your patient's culture. We aim to provide quality patient care but sometimes it is quite challenging because of some factors, like misinformation, mistrust and misinterpretation of the health care plan that we want to provide because of differences from each other. So the best thing that we must do is open our mind and accept difference, by that we can eliminate the gap between each other.

## Objective

This study aims to provide quality patient care despite the challenges in the healthcare plans like misinformation, mistrust and misinterpretation. The nurse should provide quality health care that suit to patient culture.

## Methods

This concept analysis was conducted using the Walker and Avant's (2010) eight-step method. This method was used because it is one of the easiest and understandable methods for concept analysis, particularly for beginners. The eight steps of this method are: 1) Selecting a concept; 2) Determining the aims or purposes of analysis; 3) Identifying all uses of the concept; 4) Determining the defining attributes of the concept; 5) Constructing a model case; 6) Constructing borderline, contrary, invented, and illegitimate cases; 7) Identifying antecedents and consequences; and 8) Defining empirical references (Walker & Avant, 2010).

## Results

### Uses of Concept

People have different perspectives in their health, depending on their cultural beliefs and values. Culture provides how human respond in situation, in which people learn how to behave and value the existence of life. Culturally congruent care is possible if cultural values, expressions, or patterns are recognized and appropriately utilized while providing care. To render the best care to your patient, first you must know your goal and purpose and that is by providing meaningful experience, and being highly sensitivity to cultural diversity. Second you must assess your patient needs, third we must respect our patient and always be sincere in giving care, and this will promote trust with one another. Then if there is a trust the patient will open up to you and you can establish rapport which is very useful in rendering care. We must embraces the differences and maintain open discovery. Learn to communicate, learn to listen and be a keen observer to the culture sensitivity. Our willingness to learn will help us to widen our horizon, what we can offer to our patient by taking an actions like cultural care preservation, accommodation and cultural restructuring will promote quality care.

#### *Culture care*

Culture and care together are predicted as powerful theoretical construct essential to human health, wellbeing and survival. The creation of sunrise model by Leininger (2002) is really helpful in clinical field, the model is use when making cultural evaluation of the patient. This represent the structure of culture care theory by describing the relationship between anthropological nursing beliefs in nursing principles, the models connects the concepts of the theory with actual clinical practices while offering systematic approach to identify values, beliefs, behaviour and community customs. Leininger (2002) postulated that there are three decision and action modes that nurses and other professionals can use to provide culturally congruent care.

#### *Cultural competence*

Cultural competence begins with "cultural desire". Effective nursing care integrates the beliefs and cultural values of people, families, and communities with the views of a multidisciplinary team of health care providers. When you provide culturally congruent care, you bridge cultural gaps to provide essential and supportive care for all patients.

#### *Culture care construct*

Doing is to do something for them. This is related in constructing trust to our patient. Trust begins with truth. The nurse must show sincerity in doing services that fits to the patient's culture.

Culture care preservation and/or maintenance, which refers to assistive, supportive, facilitative, or enabling professional decisions or actions that help cultures retain, preserve, or maintain beneficial care beliefs and values or to face illness, disability, dying, and or death. Culture care accommodation and/or negotiation, which refers to assistive, accommodating, facilitative, or enabling creative provider care decisions or actions that help cultures adapt [accommodate] to or negotiate with others for culturally congruent, safe, and effective care for their health, wellbeing, or to deal with illness, injury, disability, or dying. And Culture care restructuring and/or repatterning, which refers to those assistive, supportive, facilitative, or enabling professional mutual decisions and actions that would help people reorder, change, modify, or restructure their lifeway.

### ***Culturally congruent care from perspective of religion***

The people of Judaism, Christianity, and Islam are known as the people of Abrahamic religions (Bakhos, 2014), and the “People of the Book” (2018). In 2015, Jewish people were 0.01 billion and 0.2% of the world’s population; Christians were the largest group, accounting for 2.3 billion and 31% of Earth’s 7.3 billion human inhabitants; and Muslims were the second largest group, representing 1.8 billion or 24.1% (Hackett & McClendon, 2017; Haq et al., 2019). It is necessary for nurses to promote awareness in cultural similarities and differences to provide knowledge in delivering culturally competent care to the patient of this different faith.

Judaism holds human life as sacred, having been created by God who created the matter from which life is made (Castelnuovo, 2015; Eisenberg, 2017). Teachings include caring for one’s health and safety, as God can better be served when healthy (Greenberger, 2017). There are ethical considerations for health care as it is “incumbent on society to take care of those who are too poor to afford health care” (Tapper, 2010).

In Christianity the New Testament supports health, wellness, and caregiving in the following ways: (a) Jesus facilitated spiritual and physical healing, (b) the physical body is regarded as important, and (c) physical and spiritual healing are important missions of the church (Rush & Aboul-Enein, 2016). Therefore, it is the responsibility of Christians to promote health, healing, and well-being. In addition, according to Race (2017).

Muslims view health as one of God’s greatest blessings bestowed on humankind (Mataoui, & Sheldon, 2016; Rassool, 2014). Muslims are accountable to God for their health (Rassool, 2014). One’s body belongs to God and therefore Muslims must care for their bodies (Andrews, 2008). Caregiving in Islam may take several forms such as visiting the sick, cooking for them, providing financial assistance, praying for them, and meeting any of their needs (Wehbe-Alamah, 2008, 2015, 2018).

### **Critical Attributes**

The critical attributes are the core of concept analysis is to determine the defining attributes of the concept, i.e. a group of attributes which have the strongest relationship with the concept and allows analyser to obtain a deep insight. These attributes differentiate the intended concept from similar or related concepts (Walker & Avant, 2010). The attributes of cultural congruent care are cultural awareness, cultural knowledge, and cultural sensitivity.

#### ***Cultural awareness***

Having right attitude to respond in different situation in health care services will help deliver quality care. Clarifying individuals own values will help in responding with others especially when you are different from belief, values, and practices.

#### ***Cultural knowledge***

The acquisition of knowledge with different cultures. competency as individual traits necessary for effectively performing duties (knowledge, critical thinking skills, etc.) It is necessary to be knowledgeable when providing congruent care through continuous education,

attending seminar and trainings. Decision making is quite challenging sometimes, it necessary for us to abide with principles and delivery our care base on moral and ethical principles. Nursing competency is generally viewed as a complex integration of knowledge including professional judgment, skills, values and attitude, indicating that holism is widely accepted.

### ***Culture sensitivity***

Complete understanding not only holistic but providing care which is culturally congruent that fits to the sensitivity of patient. Assist them in the care that is suit to their culture. Sit down and listen to them especially when it is culturally different from you. Learning from them is also important. Respecting differences and embracing tolerance and acceptance moving toward cultural competency.

### **Model Case**

A model case is a “real life” example of the use of the concept that includes all the critical attributes (Walker & Avant, 1995). Example of this is Mrs. Sy states that “I have so many experiences in life that challenge me, we are less fortunate that’s why I need to do many jobs. I was raised by my mom alone and she worked hard to give us our needs. Sometimes being in the low society is feeling of neglect and separated from others. Even just the skin tone or darker complexion serve as hindrances because of to many work my mom have darker complexion from other . I witness injustice and separation from one another that why I need to understand my patient I need to respect its differences that can separate from one another.

The case represent on how should culturally congruent nurse must apply in a situation that can promote quality of care. It responds on our behaviour in cultural awareness when we encounter different situation. Culture competency is not about gender, race, etc. but on how the nurse care that focus on patient outcomes which is giving meaningful experiences. Cultural competence is the continuum of empathy. It also emphasizes about extreme humility and extreme openness to listen and learn from them. The nurses must possess traits such as humility and being respectful to the differences of others, embracing the tolerance and acceptance. Human being hold equal value (1) all humans are diverse from each other in the same way yet part of the global community (2) human are inherently altruistic (3) all human are equal value (4) cultural conflict is normal and expected part of life (5) all human are lifelong learner. These assumptions must serve as our guide that we must keep observing, learning, discovering, and adapting changes brought by the environment or community that we belong. Humans are very unique, have different perspective, different attitude, different logical reasoning but the thing is we are all equal. Enacting cultural humility involves flexible mind-set, a focus on self and others. Despite those challenges, cultural humility will help us to decide, flexibility in the decision making will lead us to openness and new discoveries.

### **Borderline Case**

Borderline cases contain some of critical attributes of the concept being examined but not all of them (Walker & Avant, 1995). The following is an example of boarder line case for culturally congruent care. A 30 year old haittan having confine in the hospital with traumatic injury. The patient shows poor response to the treatment to be administer. The patient is using life support who are in the intensive care unit. Since then the family member would want to stay in the intensive room as show of support to the patient. The family member requested to stay but the staff members complain that they have difficulty completing their tasks with other critically ill patients because of the distractions they face from the multiple family members visiting this man. In the Haitian culture, when death is imminent, the entire family will congregate, cry, pray, and use religious medallions or other spiritual artifacts. When an individual die, the entire extended family is affected. The oldest family member makes all the arrangements and notifies the family. Completing an initial culture assessment would have

lessened the burden on the nursing staff and allow them to interact with other patients without neglecting the cultural need of the Haitian patient and family. Gently remind them that there may be times when they are asked to step out of the room, such as during bedside shift report or procedures. Another option would have been to communicate with the oldest family member to schedule turns for the visitors, to limit the number at his bedside.

The case represent on how a culturally congruent care will apply in this situations. Understanding about different cultures allowing nurses to view patients attribute such as incitement, experiences and notion about health care and illness. This domain is important in evaluating traits and characteristics of various group just like the Campinha-Bacote model of cultural competency which incorporate five components, of cultural awareness, cultural skills, cultural knowledge, cultural encounters and cultural desire. These components build progression in providing concise outcomes for interventions and a clear descriptions of process as well as immediate clinical benefit in optimizing patient care.

### **Antecedent**

Antecedents are events which happen before the intended concept (Walker & Avant, 2010). The antecedents of the concept of cultural congruent care competence are cultural diversity, cultural encounter and interaction, cultural humility, and organizational support.

#### ***Cultural diversity***

Culture care diversity refers to different perspective, values and beliefs. Different practices become gap to reach other, because what I believe is differs from the others. Respecting skin colour, race, ethnicity, nationality, socioeconomic status, educational level, employment, and religion result in cultural diversity.

#### ***Cultural encounter and interaction***

Cultural encounter refers to interpersonal contacts and relationships among people from different cultures (Brach & Fraserirector, 2000). It is quite challenging in responding when we encounter different cultures, sometimes it will to misinformation and misinterpretation on values and practices. That's why it necessary for us to learn how to listen and interact with respect. Cultural encounter during stereotyping is avoided through interactions between health care professional and members of different cultures, over reliance is discourage on conventional views.

#### ***Cultural humility***

Cultural humility, it was based on the culmination of evidence blending and barrowing concepts, stemming from medicine, nursing, and educations. The assumptions, conceptual definitions and corresponding the rainbow model of cultural humility described, (1 ) all humans are diverse from each other in the same way yet part of the global community (2) human are inherently altruistic (3) all human are equal value (4) cultural conflict is normal and expected part of life (5) all human are lifelong learning. Decision making and actions challenge us in rendering care, how will we respond to patient needs, how will we decide, what will be our plans and what will be our actions, this are some questions in our mind that seek answer or solutions. Despite those challenges, cultural humility will help us to decide, flexibility in the decision making will lead us to openness and new discoveries.

#### ***Organizational support***

It important to strengthen the organizational support to create strategies that promote culture development. Strengthening the mission, vision and goals in providing quality care in various cultures. Learning from one other, accepting and respecting different beliefs, values, and practices. Adopting changes if is for the welfare of community is a great practice in lessening the gap of different practices

## Consequences

Consequences of a concept are events that happen due to its presence (Walker & Avant, 2010). The consequences of cultural competence include consequences related to care receivers, those related to care providers, and health-related consequences

### *Receivers of care*

Caring is enabling which facilitate to assist, guide and help someone and to help with the culture. Rendering care to various patient is quite challenging, complete understanding to their situation must give Importance. Providing cultural congruent care that fits to their culture. It is necessary to incorporate them with the health care plan, learn to listen and understand their cultures. Don't just like respect their culture, appreciate it.

### *Provider of care*

Nurse must be culturally competent. It must possess knowledge, skills and attitude. The goal of nurses is to give meaningful quality of care during their hospitalization. To become sensitive to the needs of the patient. The nurse provider must do something to gain the trust of the patient because through trust this will help to lead in establishing rapport. The actions should involve cultural care preservation, cultural accommodation and cultural care repatterning or restructuring. The nurse has the ability to transform keeping the goal and purpose, and maintaining open discovery. through our cultural encounter and interaction, we gained experiences on how to develop and implement health care quality that fits to culture sensitivity.

### *Health-related consequences*

Nurses' cultural competence reduces the effects of cultural and ethnic discrimination on care and gives a sense of worthiness to patients from different cultures. Moreover, it minimizes the likelihood of malpractice, enhances patient trust in health care providers, promotes their treatment adherence, improves care effectiveness, promotes public health, reduces health care costs, and lowers morbidity and mortality rates (Alizadeh & Chavan, 2016; Cai, 2016).

## Empirical References

The last step to concept analysis is to determine empirical references for the main attributes of the concept. Empirical references can further clarify the concept and facilitate its measurement (Walker & Avant, 2010). Based on the attributes of culturally congruent care, different tools have been developed for its measurement. Some of these tools include Campinha-Bacote's Inventory for Assessing the Process of Cultural Competence Among Healthcare Professional-Revised (Campinha-Bacote, 2002) and Perng and Watson's Nurse Cultural Competence Scale (Perng & Watson, 2012). Comprehensive tools to measure cultural competency, thus limiting the ability to evaluate this aspect of nursing practice; more research is needed to develop these tools (Purnell, 2016).

The rainbow model of cultural humility provides visual support to enhance understanding, it offers approach as guide in the key concepts, contexts, inter relationship, influences and outcomes. Decision making and actions challenge us in rendering care, how will we respond to patient needs, how will we decide, what will be our plans and what will be our actions, this are some questions in our mind that seek answer or solutions. Despite those challenges, cultural humility will help us to decide, flexibility in the decision making will lead us to openness and new discoveries.

The model for cultural competency by Purnell (2002), the model explain a foundation for understanding about different cultures allowing nurses to view patients attribute such as incitement, experiences and notion about health care and illness. The model represents aspects of global society as well as community, family and person. This domain is important in evaluating traits and characteristics of various ethnic group. On the other hand, Campinha-Bacote model of cultural competency incorporate five components, cultural awareness, cultural

skills, cultural knowledge, cultural encounters and cultural desire. These components build progression in providing concise outcomes for interventions and a clear descriptions of process as well as immediate clinical benefit in optimizing patient care. In the field of nursing, there is consequences brought by certain factors, the cultural competence can be defined as process in which nurse attempts to achieve greater efficiency and the ability to work in culturally diverse environment.

### **Discussion**

Culturally congruent care is possible if cultural values, expressions, or patterns are recognized and appropriately utilized while providing care. Culture and care together are predicted as powerful theoretical construct essential to human health, wellbeing and survival. When you provide culturally congruent care, you bridge cultural gaps to provide essential and supportive care for all patients. Culture care preservation and/or maintenance, which refers to assistive, supportive, facilitative, or enabling professional decisions or actions that help cultures retain, preserve, or maintain beneficial care beliefs and values or to face illness, disability, dying, and or death. It is necessary for nurses to promote awareness in cultural similarities and differences to provide knowledge in delivering culturally competent care to the patient of this different faith. Nursing competency is generally viewed as a complex integration of knowledge including professional judgment, skills, values and attitude, indicating that holism is widely accepted. Respecting differences and embracing tolerance and acceptance moving toward cultural competency. Culture competency is not about gender, race, etc. but on how the nurse care that focus on patient outcomes which is giving meaningful experiences. Cultural competence is the continuum of empathy. Understanding about different cultures allowing nurses to view patients attribute such as incitement, experiences and notion about health care and illness. Respecting skin colour, race, ethnicity, nationality, socioeconomic status, educational level, employment, and religion result in cultural diversity. Despite those challenges, cultural humility will help us to decide, flexibility in the decision making will lead us to openness and new discoveries.

### **Conclusion**

Culturally congruent care is providing best care that focus on giving meaningful experiences to the patient that is fits to patient's cultural sensitivity. The goal is to provide quality of life to patients regardless of differences in beliefs, values and principles. New approach to patient care is the totality of human being the opens the door for cultural competency and provide services.

The different models to provide culturally competent nursing care. The interlink elements to learn different characteristics and concepts of cultural diversity. Integrating cultural competence models will promote effectiveness in nursing practice. The model structure facilitate analysis of cultural data allowing nurses to cater families, groups and individuals in terms of their perspective cultural uniqueness by using various communication strategies. . The application of theory may foster understanding on multiple consideration involved in being culturally humble. To sum it all being a nurse is not an easy task you must be competent, compassionate, committed and confident in what you are doing. The nurse on the other hand must know how to listen and be a keen observant to the patient's needs, figure it out on how will it works effectively. But the most important quality that nurses must possess is being respectful to others, if you are sincere and shows respect to your patient this will promote trust. But don't just respect the culture we must also appreciate it. Theories and principles unlock knowledge and relationship and this will lead us to new discoveries of cultural diversity.

**Conflict of Interest**

The authors declares there are no significant competing financial, professional, or personal interests that might have influenced the performance or presentation of the work described in this manuscript.

**Acknowledgement**

The authors would like to extend their sincere gratitude and deepest appreciation to their affiliations and to the participants that led to the possible accomplishment of this research work.

**References**

- Alizadeh, S., & Chavan, M. (2016). Cultural Competence Dimensions and Outcomes: A Systematic Review of the Literature. *Health Soc. Care. Comm.*, 24(6), e117e130.
- Alligood, M. R. (2014). *Nursing Theorists and Their Work*. St. Louis, MO: Elsevier Mosby.
- Andrews, M. M., & Boyle, J. S. (2008). *Transcultural Concepts in Nursing Care* (5th ed.). New York, NY: Lippincott Williams & Wilkins.
- Campinha-Bacote, J. (2011). Delivering patient-centered care in the midst of cultural conflict: the role of cultural competence. *Online J Issues Nurs*, 16(2), 5.
- Fronda, C. (2020). A Theory of Culture humility. *Journal of Transcultural Nursing*, 31(1), 7-12. DOI:10.1177/1043659619875184
- Leininger, M. (2002). Culture Care Theory: A Major Contribution to Advance Transcultural Nursing Knowledge and Practice. *J. Transcult Nurs*, 13(3), 189-192.
- Purnell, L. (2002). The Purnell model for cultural competence. *J Transcult Nurs*, 13(3), 193-196.
- Walker, L. O., & Avant, K. (2010). Concept Analysis. In L. O. Walker & K. C. Avant (Eds.), *Strategies for Theory Construction in Nursing* (pp. 163-168). London.