

Cultural Competence and Inclusive Practice

Effective: November 21, 2019

INTRODUCTION

The College of Licensed Practical Nurses and Health Care Aides of Alberta (CLHA) has the authority under the *Health Professions Act* (HPA) to carry out its activities and govern Licensed Practical Nurses (LPNs)* in a manner that protects and serves the public interest

Being a member of a self-regulated health profession is a privilege that comes with professional responsibilities to the public, clients, co-workers, the profession, and yourself. Professionalism is defined as the conduct, attributes, or qualities that characterize a profession or a member of the profession; in other words, professionalism refers to the positive individual attributes, competence, and skill expected of a professional.ⁱ

Cultural competence responds to action 24 in the Truth and Reconciliation Commission of Canada's Calls to Action. The Truth and Reconciliation Commission of Canada called for skills-based training in intercultural competency, conflict resolution, human rights, and anti-racism for healthcare professionals.ⁱⁱ

PURPOSE

The purpose of this document is to help LPNs understand cultural competence and inclusive practice as part of safe, competent, and ethical nursing care. Additionally, this document provides guidance for fostering more inclusive interactions with others.

DISCUSSION OF EVIDENCE

Cultural competence is defined in the *Standards of Practice for Licensed Practical Nurses in Canada* as a set of congruent behaviours, attitudes, and policies that come together in a system, agency, or among professionals and enables that system agency, or those professionals to work effectively in cross-cultural situations.ⁱⁱⁱ

Cultural competence may be referred to as cultural awareness, cultural sensitivity, or cultural humility.^{iv} By engaging in culturally competent practice LPNs can foster inclusiveness of all people and emphasize respect for diversity.^v

*In this document, "LPN(s)" has the same meaning as "regulated member(s)" in the *Health Professions Act*.

Part of inclusive practice is being aware of your own biases and taking action to ensure they do not interfere with safe and ethical nursing practice.

A bias is a quick mental association and shortcut used to understand the world. Everyone has biases. Race, age, gender, sexual orientation, weight, and physical or mental health conditions are characteristics that lead to biases. You may be aware of some your biases and judgments towards others. However, you may unconsciously make mental associations about people. These associations can be either positive or negative and may impact the way you treat the other person or group of people.

Unchecked biases may create feelings of unwelcomeness and distrust amongst nurses, clients, and the healthcare system. These unchecked biases can lead to a work culture that compromises the quality of nursing care and the relationships you have with co-workers and individuals in your care.

Effects of Biases on Client Safety

Judgments about a client based on race, age, gender, sexual orientation, weight, or a number of other factors can lead to poorer care outcomes.^{vi} Clients who feel judged by their healthcare providers may not disclose all relevant information about their condition.^{vii} Incomplete or missing information can result in client harm through misdiagnosis, delayed, or incorrect treatment.^{viii}

As an example, unchecked biases about a client may lead to overlooking necessary questions during nursing assessments, resulting in non-inclusive, incomplete, or lack of nursing care.

Effects of Biases on Co-worker Interactions

Bias towards co-workers based on race, age, gender, sexual orientation, weight, or a number of other factors can also occur. If any bias is not addressed it may unconsciously damage your working relationships. In extreme cases bias may lead to co-worker abuse.

INFORMED PRACTICE

There are many personal strategies that LPNs can apply to ensure professionalism and cultural competence in their nursing practice. Being aware of your personal values, beliefs, and behaviour, treating others with respect, and openly communicating with clients and co-workers are ways to ensure inclusivity.

LPNs can use self-reflection strategies to improve individual cultural competence and inclusive practice.

Self-Reflection Strategies

- Be willing to recognize and address your assumptions, beliefs, and judgments
- Acknowledge your own subtle verbal and non-verbal cues^{ix}
- Ask yourself how you would like to be addressed (verbally and written) and let others know your preference
- Self-assess your verbal and non-verbal behaviours
- Seek feedback on your behaviours
- Look for resources to maintain cultural competence

Once you recognize your own thoughts and behaviours here are some strategies you can use when interacting with others.

Individual Strategies

- Treat others the way they wish to be treated
- Avoid generalizations of groups of people
- Treat people as individuals
- Get to know people who are different than you
- Communicate respectfully
 - Incorporate NOD (name, occupation, and duty) into your interactions with clients
 - Engage in active listening and mirror language used by the person you are speaking with
 - Ask others how they would like to be addressed (e.g. Use of pronouns, preferred name, or personal title)
 - Use gender neutral language when possible (e.g. Spouse or partner, parents or guardians)
- Apologize when you make a mistake about an unconscious bias
 - Do not necessarily expect someone to accept your apology (e.g. accidentally mis-gendering someone)
 - Avoid making the same mistake
- Focus on the consequences of your actions not what your intentions were
- Avoid focusing on self-blame or guilt for prior actions

CONCLUSION

Respect for diversity is integral to cultural competence and inclusive practice. While everyone has biases you can actively address these assumptions and judgments to ensure the delivery of safe and ethical nursing care.

LPNs are required to adhere to the expectations defined in the *Standards of Practice for Licensed Practical Nurses of Canada*, the *Code of Ethics for Licensed Practical Nurses*. Cultural competence and inclusive practice are part of the LPN professional expectations. Non-adherence to the guideline could result in a complaint of unprofessional conduct.

Through this practice guideline you should have a better understanding of cultural competence and inclusive practice. You should also feel equipped with strategies that you can apply to foster inclusivity.

Documents are updated frequently. For the most current version and access to related documents and resources, please visit the Knowledge Hub on clha.com.

If after reading this document you have questions, please contact the CLHA's Professional Practice Team via practice@clha.com or 780-484-8886 or 1-800-661-5877 (toll free in Alberta).

REFERENCES

-
- ⁱ Merriam-Webster, "Professionalism," <https://www.merriam-webster.com/dictionary/professionalism>; Oxford Dictionaries, "Professionalism," <https://en.oxforddictionaries.com/definition/professionalism>.
- ⁱⁱ Truth and Reconciliation Commission of Canada, *Truth and Reconciliation Commission of Canada: Calls to Action* (2015), http://trc.ca/assets/pdf/Calls_to_Action_English2.pdf.
- ⁱⁱⁱ Canadian Council for Practical Nursing Regulators (CCPNR), *Standards of Practice for Licensed Practical Nurses in Canada* (2013), https://www.CLHA.com/wp-content/uploads/2013/02/doc_CCPNR_CLHA_Standards_of_Practice.pdf.
- ^{iv} "Culturally Connected," BC Children's Hospital and BC Women's Hospital, accessed October 28, 2019, <https://www.culturallyconnected.ca/>.
- ^v Royal College of Nursing, Inclusion (2016), <https://rcni.com/hosted-content/rcn/first-steps/inclusion>; CCPNR, *Code of Ethics for Licensed Practical Nurses in Canada* (2013), https://www.CLHA.com/wp-content/uploads/2013/02/doc_CCPNR_CLHA_Code_of_Ethics.pdf; CCPNR
- ^{vi} William J. Hall et al., "Implicit Racial/Ethnic Bias Among Health Care Professionals and Its Influence on Health Care Outcomes: A Systematic Review," *American Journal of Public Health* 105, no. 12 (2015), <https://doi.org/10.2105/AJPH.2015.302903>
- ^{vii} Lauren Vogel, "Why do clients often lie to their doctors?," *Canadian Medical Association Journal* 191, no.4, <https://doi.org/10.1503/cmaj.109-5705>.
- ^{viii} Pamela McHugh Schuster and Linda Nykolyn, *Communication for Nurses: How to Prevent Harmful Events and Promote Patient Safety* (F.A. Davis, 2010).
- ^{ix} Ernie W. Sadau and Tiffany Capeles, "The Butterfly Effect in Healthcare: What Happens When an Organization Tackles Unconscious Bias and Promotes Diversity of Thought?," *Journal of Healthcare Management* 64, no. 5, <https://doi.org/10.1097/JHM-D-19-00152>.