



Position Statement

Cultural and linguistic competence

ICN Position:

The International Council of Nurses (ICN) and its member organisations believe that nurses should be culturally and linguistically competent to understand and respond effectively to the cultural and linguistic needs of clients, families and communities in a health care encounter.¹

ICN believes that nurses should demonstrate cultural competence² by:

- developing an awareness of one's own culture without letting it have an undue influence on those from other backgrounds;
- demonstrating knowledge and understanding of different cultures;
- accepting that there may be differences between the cultural beliefs and values of the health care provider and the client;
- accepting and respecting cultural differences;
- adapting care to be congruent with the client's culture and expectations; and
- providing culturally appropriate care so as to deliver the best possible client outcomes.

ICN believes clients have a right to culturally and clinically appropriate care delivery provided by the appropriate person in the health care team.

ICN believes, however, that accepting and respecting cultural differences and adapting care to be congruent with the client's culture should not result in nursing practice that would be in contravention of professional codes of ethics, nursing practice standards, legal frameworks or United Nations human rights conventions. Nurses have an obligation to safeguard, respect and actively promote people's health rights at all times and in all places³. Nurses need to be vigilant in this area particularly with respect to vulnerable groups such as women, children, elderly, refugees and stigmatised groups.

ICN strongly supports nurses developing linguistic competence by understanding and responding effectively to the linguistic needs brought by the client to the health care encounter. Such means as being able to communicate directly in the client's own language or through the use of trained interpreters and qualified translators are required.

For public protection, nurses need to communicate verbally and in writing in a manner sensitive to client needs and in language that can be clearly understood with the assistance of trained interpreters and qualified translators if needed. Failure of the nurse to accurately comprehend client needs or if the client is not able to understand advice and instruction given can result in errors.

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ICN expects employers to provide all newly hired nurses with an appropriate orientation or a period of adaptation to ensure they have the means of addressing the cultural and linguistic needs of their client group.

ICN firmly believes that nurses are responsible and accountable for their nursing practice. When dealing with clients from a cultural or linguistic group different from their own, nurses should be aware that additional steps may need to be taken to ensure interventions are sensitive to the client's cultural and linguistic needs.

Background

The way a client perceives illness, the specific disease and its associated symptoms are tied to the client's underlying cultural values and beliefs. The manner in which a person responds to these factors and how they relate to the nurse will be influenced by these values and beliefs and can affect the understanding and acceptance of any care offered.

Nurses provide care designed to meet the individual needs of the client. This client centeredness has the goal of ensuring that the client's physical, psychosocial and cultural needs and beliefs are taken into account when deciding on interventions and that clients have the necessary information to participate in their own care.

In the broad sense, diversity encompasses acceptance and respect. For nurses it means understanding that each individual is unique, and recognising individual differences. These differences may span the dimensions of race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, spiritual or religious beliefs, political beliefs or other ideologies.

Cultural and linguistic competence require cultural awareness; the deliberate, cognitive process in which health care providers become appreciative and sensitive to the values, beliefs, practices and problem solving strategies of clients' cultures.⁴

A person's culture forms an important part of their identity and communication of cultural understanding and respect is an essential tool in forming a therapeutic relationship with the client.

Linguistic competence is demonstrated by a nurse who has the capacity to communicate effectively and convey information in a manner that is easily understood.⁵

Nonverbal and verbal communication may differ in meaning according to different cultures. Awareness of this is vital in order to avoid misunderstanding, lack of cooperation or offence.

Assistance may be provided to nurses and individuals through services such as translation and interpretation. Translation is the process of transferring, between languages, ideas that are expressed in *writing*. Interpretation is the process used in transferring ideas expressed *orally* or (as with sign language) by gesture.

Adopted in 2007
Reviewed and revised in 2013

Related ICN Positions:

- Continuing competence as a professional responsibility and public right
- Scope of nursing practice
- Nursing regulation
- Nurses and human rights

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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- ¹ American Institutes for Research. (2002). Teaching cultural competence in health care: A review of current concepts, policies and practices. Report prepared for the Office of Minority Health. Washington, DC: Author.
- ² Purnell L. (2005). The Purnell Model for Cultural Competence. *Journal of Multicultural Nursing & Health (JMCNH)* [serial online]. June 2005;11(2):7-15.
- ³ International Council of Nurses. (2011). Nurses and human rights. ICN, Geneva
- ⁴ Jirwe M, Gerrish K, Emami A. (2006). The theoretical framework of cultural competence. *Journal Of Multicultural Nursing & Health (JMCNH)* [serial online]. October 2006;12(3):6-16.
- ⁵ Goode & Jones (modified 2009). National Center for Cultural Competence, Georgetown University Center for Child & Human Development.