

Cultural Humility as a Framework for Ambulatory Care Nurses to Address Health Equity and Inclusion

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Nursing licensure requires nurses to be accountable to patients with “culturally humble” care (Allwright et al., 2019). Where historically culture referred to specific ethnic, racial, or religious groups, today’s understanding of culture is more inclusive, further encompassing sexual orientation, gender, language, class, and professional status (Hughes et al., 2020). As a profession, nurses are guided by the *Nursing Scope and Standards of Practice* (American Nurses Association [ANA], 2021) and *Code of Ethics for Nurses* (ANA, 2015), which emphasize the importance of patient advocacy, including advocacy for diverse populations. The *Future of Nursing 2020-2030* report (National Academies of Sciences, Engineering, and Medicine [NASEM], 2021) was a call to action for nursing to look closely at how the profession promotes health equity for patients and communities, especially those most negatively impacted by social determinants of health such as marginalized and underrepresented communities.

Just as our understanding of culture has grown, our understanding of cultural competence, which implies a mastery of culture that can often lead to stereotyping, has grown to be more inclusive. This has led to the concept of cultural humility, an approach to care that values the differences of diverse populations and remains open to learning from those whose life experiences may be different from our own (Hughes et al., 2020). Cultural humility was first described in a seminal article by Tervalon and Murray-Garcia (1998), where the authors distinguished between cultural competency and cultural humility in medical education:

Cultural humility incorporates a lifelong commitment to self-evaluation and self-critique, redressing the power imbalances in the patient-physician dynamic, and developing mutually beneficial and non-paternalistic clinical and advocacy partnerships with communities on behalf of individuals and defined populations (p. 117).

The purpose of this column is to introduce the concept of cultural humility as a framework for improving health equity as well as provide ways ambulatory care nurses can integrate the framework into their practice.

Tenets of Cultural Humility

The four central tenets of cultural humility include: lifelong learning, redressing power imbalances, non-paternalistic partnerships, and stewarding organizational level development and progress (Murray-Garcia et al., 2021).

Lifelong Learning

The first of the four tenets suggests that nurses should engage in ongoing education throughout their nursing careers. A commitment to continuous learning does not simply mean taking training courses on diversity, equity, and inclusion (DEI), but also encompasses practicing inclusivity. For example, ambulatory care nurses can practice inclusivity by:

- Identifying patients by their preferred pronouns.
- Assessing patients for their strengths and barriers rather than assuming stereotypical traits or cultural practices.
- Listening to patients’ stories and lived experiences.

Practicing within a framework of cultural humility means that inherent individual and community perspectives and cultures are valued (Virkstis et al., 2021).

To promote continuous learning, nursing leaders should consider building DEI topics into weekly huddles or team meetings with reflective activities that allow for recognition of biases such as:

- Offering opportunities for staff to discuss how bias, privilege, and ignorance of other ways of being could impact care delivery and health equity.
- Providing opportunities to practice communication techniques that promote patient-centered care using tools such as the 5 Rs of Cultural Humility:
 - **Reflection** – Ask: “What did I learn from the person in that encounter?”
 - **Respect** – Ask: “Did I treat everyone involved in that encounter respectfully?”
 - **Regard** – Ask: “Did unconscious biases drive this interaction?”
 - **Relevance** – Ask: “How was cultural humility relevant in this interaction?”
 - **Resiliency** – Ask: “How was my personal resiliency affected by this interaction?” (Robinson et al., 2021, p. 162)

Redressing Power Imbalances

There is an inherent power imbalance between clinicians and patients in healthcare settings. Thinking we are capable of better understanding the care needs of others or are more worthy of making healthcare decisions for them further exacerbates that power imbalance. Recognizing this imbalance is the nurse’s first step in integrating cultural humility into patient care. Through cultural humility, nurses



can avoid making assumptions and cultural stereotyping by asking patients what is important to them and relevant to their lived experi-

ence, as well as actively engaging patients in creating an effective care plan through shared decision-making (Derrington et al., 2018). By partnering with patients in this way, nurses can help redress the clinician-patient power imbalance.

Non-Paternalistic Partnerships

Addressing the tenet of non-paternalistic partnership is the essence of patient-centered care. Ambulatory care nurses can do this by:

- Appreciating that while we may be the experts in health care, patients are the experts in their lived experience.
- Assessing patients for their healthcare goals and priorities, taking into consideration patient preferences, such as cultural and religious practices, and including them in their plan of care.

Stewarding Organizational Level Development and Progress

This last tenet is not a stand-alone concept; rather, it reflects the other three tenets at the organizational level. By adopting a framework of cultural humility, organizations should assure their mission statement and strategic objectives reflect inclusivity (Markey et al., 2021). To that end, organizations must promote more equitable partnerships with the communities they serve by honoring the expertise that exists in the community and developing mutually beneficial, bidirectional community partnerships. With a commitment to strategic DEI initiatives, organizations can change policy, practices, and even their culture related to DEI by including underrepresented voices in strategic decision-making (Virkstis et al., 2021).

In conclusion, adopting a framework of cultural humility is an essential step for ambulatory care nurses in meeting the *Future of Nursing* report call to action of promoting health equity for all (NASEM, 2021). Ambulatory care nurses can engage in lifelong learning and, as nursing leaders, promote the same. We can redress the inherent imbalance of power between patients and clinicians by practicing shared

decision-making with our patients. We can promote non-paternalistic partnerships by valuing what patients bring to the nurse-patient

relationship and partnering with them in their care. Finally, we can actively participate in the stewardship of the organizations where we work to foster inclusivity by assuring underrepresented voices are included in strategic planning – all tenets of cultural humility. ●

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References

- Allwright, K., Goldie, C., Almost, J., & Wilson, R. (2019). Fostering positive spaces in public health using cultural humility approach. *Public Health Nursing, 36*(4), 551-556. <https://doi.org/10.1111/phn.12613>
- American Nurses Association (ANA). (2021). Standard 9: Respectful and equitable practice. *Nursing scope and standards of practice* (4th ed.)
- American Nurses Association (ANA). (2015). Provision 2: The nurse's primary commitment is to the patient, whether an individual, family, group, community, or population. *Code of Ethics for Nurses with Interpretive Statements*.
- Derrington, S. F., Paquette, E., & Johnson, K.A. (2018). Cross-cultural interactions and shared decision-making. *Pediatrics, 142*(Supplement 3), S187-S192. <https://doi.org/10.1542/peds.2018-0516J>
- Hughes, V., Delva, S., Nkimbeng, M., Spaulding, E., Turkson-Ocran, R., Cudjoe, J., ... Han, H. (2020). Not missing the opportunity: Strategies to promote cultural humility among future nursing faculty. *Journal of Professional Nursing, 36*(1), 28-33. <https://doi.org/10.1016/j.profnurs.2019.06.005>
- Markey, K., Prosen, M., Martin, E., & Jamal, H.R. (2021). Fostering an ethos of cultural humility development in nurturing inclusiveness and effective intercultural team working. *Journal of Nursing Management, 29*(8), 2724-2728. <https://doi.org/10.1111/jonm.13429>
- Murray-Garcia, J., Ngo, V., Marsh, T., Pak, T., Ackerman-Barger, K., & Cavanagh, S. J. (2021). Cultural humility meets antiracism in nurse leader training. *Nurse Leader, 19*(6), 608-615. <https://doi.org/10.1016/j.mnl.2021.08.017>
- National Academies of Sciences, Engineering, and Medicine (NASEM). (2021). *The future of nursing 2020-2030: Charting a path to achieve health equity*. The National Academies Press. <https://doi.org/10.17226/25982>
- Robinson, D., Masters, C., & Ansari, A. (2021). The 5 Rs of cultural humility: A conceptual model for health care leaders. *The American Journal of Medicine, 134*(2), 161-163. <https://doi.org/10.1016/j.amjmed.2020.09.029>
- Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved, 9*(2), 117-125. <https://doi.org/10.1353/hpu.2010.0233>
- Virkstis, K., Whitmarsh, K., Rewers, L., & Paiewonsky, A. (2021). A 4-part strategy to engage frontline nurses in cultural humility. *Journal of Nursing Administration, 51*(12), 597-599. <https://doi.org/10.1097/nna.0000000000001080>