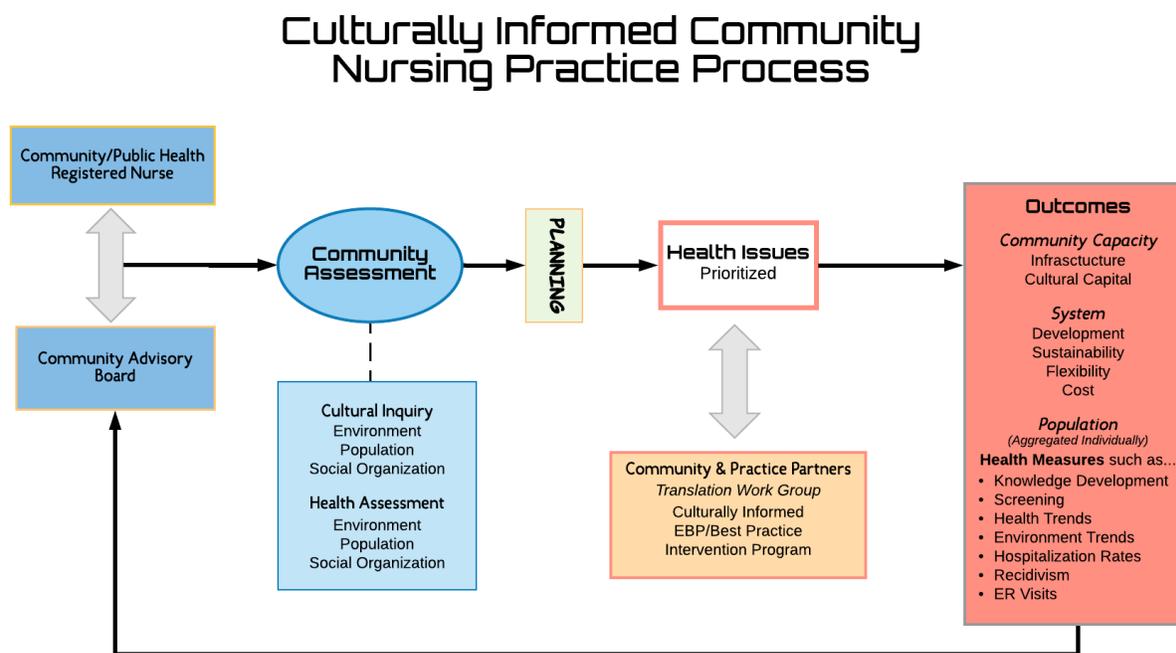# CULTURALLY INFORMED COMMUNITY NURSING PRACTICE

PRINCIPLES

1. Health is <u>a basic human right</u> of <u>all persons across the lifespan</u>.

2. Healthy <u>places</u> are the starting point for <u>healthy people</u>.

3. Nurses in <u>partnership with community members and other disciplinary colleagues</u> are accountable for <u>system-level action</u> <u>to build community capacity</u> and to <u>further social justice</u> for health aging.

Culturally Informed Community Nursing Practice Process

Skemp, L. & Peacock, M. 2015

The focus of the culturally informed community nursing practice is **not on problematizing** a community, but rather, working together to be informed of the cultural fabric – to include the strengths, needs, desires, resources, history, relationships – that are the *glue* that holds the community together. *All* communities have strengths and *all* communities have vulnerabilities. The culturally informed approach, is a strengths-based approach.

GUIDING CONCEPTS

- The unit of practice is the whole community—the physical and social environment, the people, and how they organize themselves through their formal and informal social organizations.
- The objective of a culturally informed practice is to promote and protect the health of the public.
- *Community capacity* is the strength and ability of local groups and institutions to manage the various changes, opportunities and difficulties that will occur over the decades.
- *Cultural capital* is the personal, environmental and social resources available in a community.
- *Interdisciplinary and community engaged practice* means that different disciplines and community members may view the same phenomena, understand the phenomena differently and, when analyzed together, enrich understanding, and improve application through culturally informed interventions.

TERMINOLOGY

Culture is a social construction that pertains to *groups*. Within any group, some members may embrace all its rules and traditions, while others may embrace only some, and still others may apply them according to the situation. When information that pertains to groups (cultures) is used to make decisions about individuals (patients), an *ecological fallacy* has occurred and may cause harm to the individual and/or group.

Ethnicity is an individual characteristic to connote traits associated with a common cultural, linguistic, behavioral or religious ancestry – e.g., Polish, Midwestern, Jewish, Hispanic

The goal of the cultural competence movement was to prepare providers for an increasingly diverse world, but it also raised our sensitivity to the cultural factors that affect the care of *all* patients and that likely were taken for granted when patients and providers looked much more alike. This became problematic. While individuals belong to cultural groups, they are not identified by nor can be assumed to act in accordance with all of those cultural group norms/expectations and may cause harm. For example, assuming an individual of Norwegian ethnicity is Lutheran and only eats lefsa and lutefisk may cause harm for the individual of Norwegian ethnicity who was raised

Catholic and is gluten sensitive. Culture can help us understand groups, but to understand the needs of an individual, we need to ask them.

Rather, culturally informed practice begins with acknowledging that the different cultural groups to which they belong influence *all of the persons and the patients we serve* (not just those of a different ethnicity, national origin, or language group). While influenced by these cultural groups, individuals act in accordance with their own choices. None-the-less, everyone deserves *culturally informed* courses of treatment. Furthermore, patients *and* providers bring "cultural baggage," of which they are likely to be unaware, to every healthcare encounter.

In its broadest use, the term *community* can be applied to almost any configuration of people whose values, characteristics, and/or interests unite them in some way (for example, a religious community, a retirement community, or a university community). In public health practice, we ordinarily define community as the unit in which the cultural impact on health and illness is most observable: a place (environment) where people (populations) live and interact with each other in routine and predictable ways (social organization). Cultures have established patterns and yet, are not static in time, but dynamic places in which we live our lives.

Populations, in comparison to communities, are somewhat easier to comprehend, because they are *objective realities*, exactly equal to the sum of their parts. Broadly defined, a population is simply a category of humans that has at least one characteristic in common (e.g., residence, eye color, religion, etc.). (epidemiological research focuses on populations).

When categories of persons within a community are singled out for a public health intervention and/or research, they often are referred to as *target populations*.

Populations and communities are *complementary* perspectives for monitoring and protecting the health of the public and promoting healthy aging.

Equality is a fundamental value in American culture, based on the notion that all humans are created equal, have the right to participate in society equally (one person: one vote), and should have equal access to the same societal resources—education, protection, freedom of religion, transportation infrastructure, healthcare, and so forth.

Equity introduces the notion of *social justice*, indicating that although opportunities may be equally offered, we live in a society in which some members—by virtue of racism,

sexism, poverty, home life, or other factors—are impeded from accessing these opportunities.

The *goal of the CICNP* is culturally appropriate, community engaged system-level intervention that goes beyond remedying a particular *inequality* by building the community's capacity to address health *equity*.

REFERENCES

Skemp, L., Dreher, M., & Lehmann, S. (2016). *Healthy Places Healthy People. A handbook for culturally informed community nursing practice.* (3rd Ed.). Indianapolis, IN: Sigma Theta Tau International.