

Original Article

Culturally Congruent Care in Nursing Practice: A Concept Analysis

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Abstract - Culturally congruent care is an application of the nurse's ability to provide care to their patients with the highest consideration for their overall well-being, including culture, beliefs, and religion. It includes the utmost genuine openness and sensitivity towards patients' preferences related to their culture and alike. The primary purpose of this concept analysis is to specifically discuss the concept of providing culturally congruent care in the nursing practice. This study utilized the eight stages of Walker and Avant's approach to concept analysis. The concept was further understood as case studies were presented. During the process, it was found out that the concept has the following defining attributes; (1) Cultural Humility, (2) Intercultural Sensitivity, and (3) Cultural Competence. The consequence of these analyses included the patient, nurses, and the health care organizations. The concept's development may constantly change in the future. Still, the findings supported by the diverse empirical references will empower the nurses with the exact knowledge of what approach to use when confronted with a cultural situation. Lastly, this concept analysis may serve as data that can be utilized to continuously improve current practices in providing culturally congruent care.

Keywords - Culture Care, Cultural Humility, Cultural Competence, Transcultural Nursing.

1. Introduction

Health disparities and inequalities in nursing are critical topics for neophyte nurses to comprehend. The healthcare industry is undergoing a seismic transformation to address health equality challenges, resulting in a more level playing field for patients in need of care regardless of socio-economic or cultural background. Nurses are at the frontline of this existing transformation.

While the industry addresses structural changes with research and innovation, nurses can keep things moving ahead by adopting cultural competency. Nurses may assist in bridging the healthcare gap for underprivileged patients by demonstrating inclusion and sensitivity as part of a holistic approach to care. Generally, in nursing science, this is termed culturally congruent care. This vast concept has been proposed continuously to immensely shift didactics in nursing care from addressing the patient's problem-based to a more holistic approach.

According to Schim (2010), cultural congruence is a process that involves effective engagement both on the provider and client levels. It is founded on the premise that cultural competency is ever-evolving; providers must continue to enhance their communication quality, which leads to better care quality. Even Madeleine Leininger centered her theory on the concept of culturally congruent

care. She postulated that to provide culturally congruent nursing care, the health care practitioner must "*cognitively based assistive, supportive, facilitative, or enabling acts or decisions that are mostly tailor-made to fit with individual, group's, or institution's cultural values, beliefs, and lifeways.*"

In practice, the nurse and the patient devise a new or modified care lifestyle for the patient's health or well-being. This approach necessitates using both generic and professional knowledge and incorporating various evidenced-based perspectives into nursing care goals. Care expertise and competence are remodelled for the benefit of the patients frequently. Thus, all care modalities require the nurse and patients to work together to define, execute, and assess each caring strategy for culturally congruent nursing care. These newly developed modalities can encourage nurses and other health care practitioners to create inclusively nursing actions and decisions based on the new information and culturally based approaches to deliver quintessential and fulfilling holistic care to patients, families, and communities.

However, due to ambiguity and vase interpretation among health care practitioners, evidenced base nursing care is not always equal to the actual care received. Patients and families bring their values, perceptions, and expectations of



healthcare encounters which also influence the establishment of culturally congruent care in these paradigms

The purpose of this paper is to describe the concept of culturally congruent care further and discuss its ambiguities in the nursing practice through the review of selected research studies and scholarly articles.

2. Method

2.1. Study Design

The study utilized the concept analysis method of data interpretation utilizing the structure provided by Walker & Avant (2019), commonly used in nursing science as a basis for interpreting data. This concept analysis approach contains separate procedures that aid researchers in selecting relevant

case studies and analogies to effectively explain the concept being studied and demonstrate comprehension of its distinguishing characteristics.

2.2. Concept Analysis Method

Walker & Avant's approach to concept analysis was performed in eight stages: choosing a concept, determining the purpose of analysis, identifying all uses of the concept, defining attributes, identifying a model case, identifying borderline, related, and contrary cases, identifying antecedents and consequences and defining empirical referents (Yazadani et al., 2016). This study carefully followed all the steps to discuss the different parts of concept analysis.

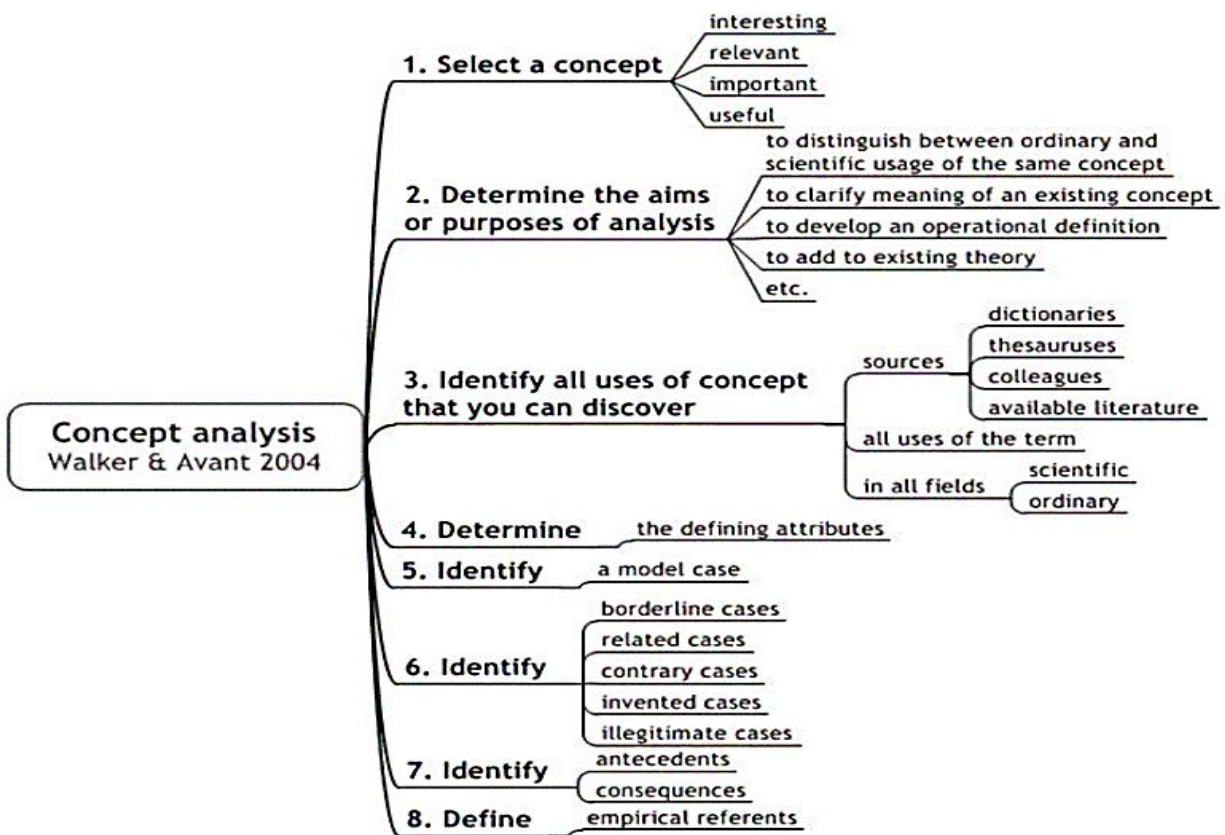


Fig. 1 Concept Analysis Process of Walker and Avant (Nuopponen, 2010)

2.3. Data Collection

The gathering of data includes locating several pertinent concepts from the idea analysis. It consists of identifying the characteristics that describe the concept and a group of case studies used as a case model, related case, opposing case, and borderline case, along with their corresponding assessments. It is also included in the antecedents, consequences, and empirical references to emphasize the importance of culturally appropriate care and set it apart from other comparable concepts.

The researchers used technology to search online for relevant and related material because they had limited access to physical libraries. This method sped up and improved the data collection procedure. The researchers made sure that all quoted papers came from reputable websites and published journals. The researchers then analyzed the collected research articles and studies to see whether they should be included in this concept analysis.

3. Results

3.1. Definition and Use of Concepts

Culture generally refers to patterns of human activity and the symbolic structures that give such activities significance. Cultures can be "understood as systems of symbols and meanings that even their creators contest, that lack fixed boundaries, that are constantly in flux, and that interact and compete with one another." Culture has been called "*the way of life for an entire society.*" (What Is Culture? n.d.)

Culture is the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways, and all other products of human work and thought characteristics of a population of people that guide their worldview and decision-making (Purnell, 2003).

Culture Care is multiple aspects of culture that influence and helps a person or group to improve their human condition or deal with illness or death.

Culturally Congruent Care defines the provider and client levels fit well together. It is the process through which providers and clients create an appropriate fit between professional practice and what patients and families need and want in the context of relevant cultural domains. (Schim, 2010)

Culturally congruent care entails continually being aware of oneself and responding to cultural experiences. Principles include being self-aware of one's present level of competence and identifying opportunities for improvement.

3.2. Defining Attributes

Various Transcultural Nursing experts have long defined culturally congruent care. Madeleine Leininger has defined the concept of culturally congruent care by expounding on the concepts of Transcultural Nursing. She described it as providing meaningful care that fits cultural beliefs and lifeways (Murphy, 2006). However, the concept can be clearly defined by outlining the different critical defining attributes associated with the concept, which can assist the researcher in establishing its implication for nursing practice.

Mainly, three identified defining attributes appear in the conduct of the study. These concepts are quintessential as they are equally valuable to define their legitimate definition holistically. These attributes include but are not limited to the following:

3.2.1. Cultural Humility

A mindset and an approach that encourages people to listen to others' preferences by demonstrating empathy and engaging in respectful inquiry — allows nurses to serve

diverse patient communities. To practice cultural humility as a practicing nurse, one must listen with curiosity and interest, be aware of one's own potential prejudices and make an effort to listen without passing judgment, recognize one's own inherent privilege as a provider, and be open to learning from one's patients.

3.2.2. Intercultural Sensitivity

Intercultural sensitivity is a component of cross-cultural communication skills. It is defined as an "*...active willingness to generate their own motivation for understanding, accepting and appreciating intercultural differences.*"

It indicates that people feel effective and comfortable when interacting with persons of different cultural backgrounds. Those with intercultural sensitivity attach particular importance to universal values in individual communities. A moral obligation to cherish and respect the beliefs, values, and practices of the people being serviced is a component of cultural sensitivity. It starts with an awareness of our cultural values and customs and progresses to treating others respectfully and without judgment when their culture differs from ours.

3.2.3. Cultural Competence attempts to increase the effectiveness, acceptability, and accessibility of healthcare services for individuals from various ethnocultural groupings. Cultural competency is variably described as;

- "A set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals and enable that system, agency, or those professionals to work effectively in cross-cultural situations." (Cross, Bazron, Dennis, & Isaacs, 1989)
- "The ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients' social, cultural, and linguistic needs" (Betancourt et al., 2003)
- Cultural competence is a multi-dimensional construct, but it typically refers to a person's cultural sensitivity or attitudes, cultural awareness, and cultural knowledge and skills. (Shen Z., 2019)

3.3. Case Studies

The case studies presented in this paper are categorized into different formats. As mentioned, the defining attributes of the concept being discussed are as follows; (1) Cultural Humility, (2) Intercultural Sensitivity, and (3) Cultural Competence. The cases shall serve as a base for each case study to determine if the case is a model case, just a related case, a contrary case, or a borderline situation. Each scenario is presented with an analysis explaining how the idea of culturally appropriate care fits inside it into nursing practice.

Table 1. Cases Demographics

Case	Proponent	Description
Model Case	Mr. Khalifa	64 years old Muslim of Arab descent living in the Philippines;
Related Case	Ms. Gabriella	30-year-old Judaist who was born and raised in America
Contrary Case	Mr. Spotted Wolf	50-year-old Native American from the Huichol Tribe
Borderline Case	Mrs. Burayda	60-year-old lady, Subanen, in Tribe

3.3.1. Model Case

Mr. Khalifa, a 64-year-old Muslim living in the Philippines for fifteen years, was admitted recently to St. Luke's Medical Center due to a severe increase in his blood sugar level that led to his fall at home. Nurses in the hospital showed utmost concern and sensitivity to his preferences as his medical records show that he is of Muslim descent from Saudi Arabia. As a protocol in the hospital, the nurses who handled him during his stay were Male Nurses only as much as possible. Mr. Khalifa was admitted to a room with no religious item being displayed. They gave him the utmost respect as the nurses assisted him whenever he needed to pray in his room. The nursing management even provided prayer mats and the holy book, Qurán.

The hospital made sure that the highest form of respect towards religious and cultural beliefs was practiced, encompassing all diverse practices if it was not contraindicated to the current health management of the patient.

Mr. Khalifa was beyond grateful that despite living in a Christian-dominated country, the hospital respected and honoured his religious and cultural values and beliefs. He felt that the values the nurses and management presented hastened his recovery. As a sign of appreciation towards the staff nurses who were culturally aware and responsible for his care, "hadeeya" was given to them.

Analysis: The cases presented all the defining attributes of the concept being described and defined in this study. With all the attributes present in the scenario, the nurses not only hasten the capacity of the patient to recover faster but also contribute immensely to eliminating racial and ethnic disparities. Culturally responsible healthcare practitioners who provide the highest possible culturally congruent care can display their knowledge, skills, and attitude on cultural humility, intercultural sensitivity, and cultural competence.

3.3.2. Related Case

Gabriella is a 30-year-old Judaist woman. She was admitted to the hospital because of chest pain. Dy asked Gabriella about her culture and religion. She mentioned to her nurse, Dy, that she still practices Judaism even though she was born and raised in America; she still practices traditional Judaist beliefs, especially regarding food practices. Dy was very busy that day and could not listen to Gabriella's requests, especially since she was not eating pork. She forgot to request this to the dietary department and was later served lunch which was pork in tamarind soup, and rice and Gabriella refused to eat.

Analysis: Dy, as Gabriella's nurse, started correctly by asking her patient about her culture and religion, but she failed to respect and value her beliefs. It is not enough to know her culture and religion and that she still practices her beliefs. She needs to make time to listen to what those practices are and incorporate them into the plan of care. Applying the attributes stated is essential so the nurse can implement culturally congruent care for her patient.

3.3.3. Contrary Case

Mr. Spotted Wolf, A 50-year-old native American from the Huichol tribe, went to a hospital in Mexico for consultation. Upon history taking, the patient verbalized that he has been using "peyote". Upon knowing this, the nurse stopped the interview and endorsed the patient to the doctor, where laboratory tests were done on him, and he was endorsed to the substance abuse department of the hospital. These laboratory tests and assessments incurred hundreds of dollars. Later that day, the nurse was informed by Mr. Wolf's relative that they belong to a Native American church and that using peyote is part of their religious sacrament during their all-night prayer ceremonies. He has been anxious and depressed these past few days.

Analysis: The case presented above clearly depicts the lack of cultural competence and humility among healthcare providers. The nurse assumed the patient's condition without properly communicating with the patient, showing a lack of sensitivity to the patient who belongs to a specific culture and group. Cultural humility, together with cultural competence, mentions that as a practicing nurse, one must listen with curiosity and interest, be aware of one's own potential prejudices and try to listen without passing judgment, recognize one's inherent privilege as a provider, and be open to learning from one's patients to come up with culturally congruent care.

3.3.4. Borderline Case

Mrs. Burayda, a 60-year-old lady, who belongs to the ethnic Tribe of Subanen, was admitted to the hospital due to a vehicular accident that shows a poor prognosis and response from the management done by the attending physician. The family was informed about the current status

of the lady as part of the hospital's protocols. As a Subanen, the family members asked the nurses in the station if they could stay and perform their ritual for healing. The charge nurse on duty declined the request, verbalizing, "you can only stay here for 10 minutes, but more than that, I cannot allow you because it is peak hours, and you will be in our way when we perform nursing care to your patient". In Subanen culture, using amulets, talismans, and prayers for healing is a practice.

Analysis: With the case presented above, there would be many approaches that the nurse could provide and extend his care to make it more sensitive towards the cultural practices of the patient being treated. As Purnell discussed in his theoretical framework of Cultural Competence, the nurse must assess the different cultural domains to provide the highest cultural sensitivity toward the patient. For this case, the nurse must have performed a cultural assessment related to the domain of the patient's heritage, family roles, and the aspect of communication. These concepts could build more inclusive care, which shall provide a clear description of culturally congruent care, especially in scenarios such as end-of-life.

3.4. Antecedents

According to Walker & Avant (2019), antecedents serve as the foundation for an event or incident based on what must take place prior to the concept's emergence. The antecedent for this concept analysis focused on the paradigm of culturally congruent care, which is only an aspect of a more significant idea of nursing - transcultural nursing. The antecedents for this concept analysis are cultural diversity, cultural care universality, cultural experiences or encounters, and cultural desires.

3.4.1. Cultural Diversity

Refers to the variabilities among human beings with respect to their specific religious and cultural meanings, patterns, values, way of life, symbols, or other aspects related to providing restorative care to patients of a designated culture. (Leininger, 2006).

3.4.2. Cultural Universality

Refers to the commonly shared or similar cultural care phenomena features of human beings or a group with recurrent meanings, patterns, values, lifeways, or symbols that serve as a guide for caregivers to provide assistive, supportive, facilitative, or enabling people to care for healthy outcomes (Leininger, 2006).

3.4.3. Cultural Experiences/ Encounters

An interaction of nurses with patients from various cultural backgrounds. The interaction may occur in person or indirectly through several communication channels. Continuous interactions allow nurses to learn from other

cultural groups, assist nurses in honing their pre-existing ideas, and prevent stereotyping and prejudices.

3.4.4. Cultural Desires

An antecedent of this concept motivated by a nurse's cultural experiences and encounters. It is described as a nurse's ability to become assertive. Continuous exposure to various types of patients with multiple ethnicities, religions, and cultural practices develops the nurse's ability to become culturally competent.

3.5. Consequences

According to Walker and Avant (2019), consequences are incidents caused by the occurrence of the concept being discussed. Recognition of such is essential to establish the framework of this study further. The consequences of culturally congruent care indicate the following respondents: patients, nurses, and the healthcare organization in general.

3.5.1. Patients

The health disparities between cultural groups would be reduced using culturally congruent care. Nurses and patients can establish effective communication. As a result, the diagnosis and treatment of health issues are better suited to the cultural circumstances of the customers. Positive communication promotes patient satisfaction with the standard of care and regimen adherence.

3.5.2. Nurses

Additionally, nurses gain new insights into various cultures due to culturally congruent care. Cultural proficiency is a skill that nurses can acquire as they advance in their careers. Furthermore, as they provide these services to patients, they earn their respect and trust, which helps to foster productive nurse-patient interactions.

3.5.3. Healthcare Organizations

A culturally competent working nurse can help organizations deliver excellent healthcare services and, as a result, control healthcare expenditures. A major worry for healthcare institutions is the possibility that providing culturally competent care will reduce malpractice claims and disparities. Thus, sharing new information within an organization improves service effectiveness and care quality, boosting the entire team's reputation. This is how cultural competency is developed.

3.6. Empirical References

Lastly, in the process of concept analysis, it was defined by Walker, and Avant (2019) that referring the main attributes to the evidenced-based body of knowledge makes the concept's foundations stronger. Based on the characteristics of culturally congruent care, various pieces of evidence have been postulated to support the concept in the aspect of transcultural nursing. In reference to the attributes discussed, they are supported by the concept of the theory of

culture care diversity and universality by Dr. Madeleine Leininger, where she discussed the essential concepts of providing culturally congruent care. In the paper postulated by McFarland, M.R. and WehbeAlamah, H.B. (2019), an assumption about the theory of Dr. Leininger is when culture care values, beliefs, expressions, and patterns are explicitly known and employed appropriately, compassionately, and meaningfully with persons of varied or similar cultures, culturally congruent and therapeutic care happens. This assumption strongly supports the mentioned antecedents, essential in developing culturally congruent care for our patients.

In another study presented by Schim & Doorenbos (2010) wherein, they developed a model on how to encompass all possible attributes of culturally congruent care, describing cultural diversity, cultural awareness, cultural sensitivity, and cultural competence as variables for health care practitioners to address cultural disparities and differences in the implementation of care. Purnell's Model of Cultural Competence is highly relevant to the antecedents available as it is diverse in context, encompassing all the attributes discussed. With its focus on managed care, case management, and a team approach, the current healthcare system could use the mentioned model that can be applied to staff with multiple specialties.

4. Discussion

Cultural Congruent Care can now be defined as the ability of nurses to provide care to their patients with the highest consideration for their overall well-being, including the aspect of culture, beliefs, and religion. It also includes the utmost genuine openness and sensitivity towards patients' preferences related to their culture and alike. One's ability can be harnessed and developed if the mentioned defining attributes are present- cultural humility, intercultural sensitivity, and cultural competence.

If we closely look at the theory of Dr. Leininger, she clearly defined to provide culturally congruent care to our patients, and nurses must address the cultural dynamics that directly influence the nurse-patient relationship- which is now the primary goal of transcultural nursing as a context.

The implication to Nursing Practice

Regardless of geographical location, it is common for hospitals to encounter patients with varying beliefs and cultures. These notable health disparities make the provision of care more complex as it puts intense pressure on healthcare professionals to provide quality, safe, and holistic patient care. Hence, implementing culturally congruent care is critical for providing optimum and unbiased healthcare among diverse populations.

As frontliners of care, direct care nurses play a vital role in carefully considering their patients' cultural beliefs. Their

continuous awareness and competence ensure it is significant to provide relevant training focused on equipping them with basic and various cultural and traditional practices and non-verbal communication patterns that will be helpful during patient interaction and developing individualized care plans.

Healthcare organizations should promote an open and non-judgmental workplace. Caring for patients with different cultural and socio-economic backgrounds should be embedded in health policies to guide bedside nurses and allied healthcare workers during care delivery. On the one hand, standard onboarding, continuing education, and annual reviews are recommended for nurse supervisors/managers to strengthen individual and unit development for culturally congruent practices. High-quality healthcare systems that provide medical services to diverse populations must focus on delivering appropriate communication services, such as speech interpreters and translators, especially for all informed-consent processes, consumer-rights documents, and consumer education materials. Further, it is suggested that hospitals provide care that exemplifies understanding and respect for patients' cultural beliefs through prayer rooms, availability of spiritual items, and supporting traditions without compromising the overall health of individuals.

5. Conclusion

Based on the study's findings, applying culturally congruent care has been a continuous challenge as we progressively define its true definition and attributes. As various theories and analyses emerged to understand "culturally congruent care" in a true sense, it is imperative that health care practitioners, especially nurses, learn its application on how to provide the utmost respect to the patients despite the differences in culture, religion, and ethnicity.

Culture, in general, has been a way of life for many. In Transcultural Nursing, applying culturally congruent care is paramount to ensure that the patient's needs are addressed holistically. The concept's development may constantly change in the future, but inculcating the present findings, as supported by the diverse empirical references, empowers the nurses with the exact knowledge of what approach to use when confronted with a cultural situation.

Lastly, the concept analysis may serve as data that can be utilized to continuously improve current practices in providing culturally congruent care.

Conflict of Interest

The authors declare that they have no materially conflicting financial, professional, or personal interests that could have affected how this study was conducted.

Acknowledgment

All authors contributed equally to this manuscript.

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