

## **Finding Electronically Available Information on Cultural Competence in Health Care**

Andrews, M., & Friesen, L. (2011). Finding electronically available information on cultural competence in health care. *Online Journal of Cultural Competence in Nursing and Healthcare*, 1(4), 27-43.

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### **Abstract**

The purpose of this article is to: 1) Provide user-friendly guidance for health professionals who are searching for information about cultural competence in health care and related topics using online databases available through academic, hospital, and public libraries; and 2) Offer tips on search strategies that will lead to the information on cultural competence that is being sought for use in clinical practice, education, administration, and research in a variety of health care settings. This article provides an overview of operational definitions for the terms culture, cultural competence, health disparities, cultural and linguistic competence, transcultural nursing, and culturally congruent care. The authors put forth suggestions for preparing for a search and identifying criteria for evaluating sources of information for authority, accuracy, objectivity, currency, and coverage. The majority of the article focuses on finding electronically available information cultural competence in health care using various online indexes. The article includes selected websites from which to seek information on culturally competent care in general, or for information on patients of a particular culture. The article also contains recommendations for keywords to use when searching for information on a wide variety of subjects related to cultural competence in health care and related topics.

### **Keywords**

Electronic information, cultural competence, health care

As the United States and other nations have grown increasingly diverse and multicultural in recent decades, there is growing interest in cultural competence and the provision of culturally competent health care among nurses, physicians, physical therapists, occupational therapists, social workers, psychologists, and other health professionals. The influence of race, ethnicity, culture, national origin, socioeconomic background, religion, gender, age, sexual orientation, ability / disability, size, education, and related factors on the health and well-being of individual patients, families, groups, and communities is the subject of lively debate and discussion by health care professionals in clinical practice, education, research, and administration. The purpose of this article is to: 1) Provide user-friendly guidance on searching for information about cultural competence in health care and related topics using online databases available through academic, hospital, and public libraries; and 2) Offer tips on search strategies that

will lead to the information on cultural competence that is being sought for use in clinical practice, education, administration, and research in a variety of health care settings.

### Operational Definitions

In a classic and frequently quoted definition, Tylor (1871, p.1) posits that *culture* refers to “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society”. Culture influences people’s beliefs about the causes of health and illness; decisions to self-help or seek healing from spiritual, folk, indigenous and/or biomedical healers; definitions of health and illness; choice of healers and healing interventions; determinations that someone is thought to be ill; and criteria for deciding that a person is healed and well enough to resume activities of daily living (Andrews & Boyle, 2011). There are *racial/ethnic cultures*, such as those identified by the U.S. federal government. The Office of Management and Budget (1997) and the U.S. Census Bureau (2010), for example, identify five racial categories (American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White) and one ethnic category (Hispanic or Latino or Not Hispanic or Latino).

Many state and local governments, private companies, and researchers also use the federal categories for racial and ethnic classification. There also are *non-ethnic cultures* such as the culture of poverty, the culture of disability (e.g., deaf/hearing impaired or blind/visually impaired), the cultures of health professions (e.g., the culture of nursing or the culture of medicine), and cultures related to sexual orientation such as gay, lesbian, and transgender cultures.

A recent Google search for definitions of *cultural competence* in health care resulted in more

than 400,000 hits. Definitions of cultural competence generally include understanding the importance of social and cultural influences on patients’ health beliefs and behaviors; considering how these factors interact at multiple levels of the health care delivery system (e.g., at the level of structural processes of care or clinical decision-making); and, devising interventions that take these issues into account to assure quality health care delivery to diverse patient populations (Betancourt, Green, Carillo, and Owusu, 2003). Cultural competence is often divided into two major categories: 1) Organizational cultural competence; and 2) Individual clinical cultural competence. *Organizational cultural competence* emphasizes the importance of diversity in healthcare leadership and the healthcare workforce; the need for an organizational climate of openness to cultural differences; and an organizational infrastructure that encourages and fosters diversity. *Individual clinical cultural competence* refers to the complex integration of knowledge, attitudes, beliefs, skills, and experiences with those from cultures different from one’s own that enhances cross-cultural communication and promotes the delivery of health care that is congruent with the cultural beliefs and practices of diverse individuals, groups, and communities (Betancourt, et al., 2003).

Cultural competence is believed to be one of the key components in closing the *health disparities gap*. The term health disparities is used almost exclusively in the United States, whereas *health inequity* or *health inequality* are terms used more generally around the world. Most definitions of disparities refer to inequality that is rooted in socioeconomic differences between population groups. Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States (National Institutes

of Health, 2006). Population groups may be based on race, ethnicity, age, gender, socioeconomic status, language, disability, homelessness, and geographic area of residence. Health disparities refer to those avoidable differences in health that result from cumulative social disadvantage and injustice (Stratton, Hynes and Nepaul, 2007). In addition to cultural competence, the Office of Minority Health (2001) notes the considerable impact that linguistic competence by health care providers has on patients' access and response to health care services. *Cultural and linguistic competence* is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations (Cross, Bazron, Dennis and Isaacs, 1989). The U.S. Department of Health and Human Services Office of Minority Health's 14 National Standards on Culturally and Linguistically Appropriate Services (CLAS) includes the following themes: culturally competent care; language access services; and organizational supports for cultural competence (<http://minorityhealth.hhs.gov/>).

The nurse-anthropologist Madeleine M. Leininger established a formal area of study and practice for nurses that combines the fields of anthropology and nursing, which she named *transcultural nursing* (Leininger, 1970, 1978, 1995, 1999; Leininger & McFarland, 2002, 2006). Leininger developed the *Theory of Culture Care Diversity and Universality*, was founding editor of the *Journal of Transcultural Nursing*, and created a qualitative research method called *Ethnonursing*. For further information visit Dr. Madeleine Leininger's website <http://www.madeleine-leininger.com> or the Transcultural Nursing Society website at (<http://www.tcn.org>). Transcultural nursing is sometimes used interchangeably with *cross-cultural*, *inter-cultural*, or *multicultural nursing*. Instead of using

the term cultural competence, some experts in transcultural nursing and health care prefer *cultural congruence* because congruence emphasizes the relationship between health care providers and the recipients of health care services (individual patients, families, groups, and/or communities) rather than focusing on the health care provider's knowledge and skills. Culturally congruent care is defined as the provision of care that is meaningful and "fits" with cultural beliefs and lifeways of patients (Leininger & McFarland, 2002 & 2006). Culturally congruent care takes into consideration the complex interrelationship of lifeways, religion, kinship, politics, law, education, technology, language, environmental context, and worldview—factors that also influence culturally competent care.

Given that health professionals are likely to encounter patients from many cultures in the course of their professional careers as well as patients of mixed cultural heritage, it is virtually impossible to know about the culturally-based, health-related beliefs and practices of them all. It is, however, possible to learn how to conduct individual and community cultural assessments and identify sources of information about specific cultural groups, especially those most frequently encountered.

There is a growing body of literature that seeks to provide definitional clarity; develop theoretical and conceptual frameworks; identify evidence-based and best practices; integrate cultural competence into the curricula and licensure examinations for health professions; and identify measurable outcomes that demonstrate cultural competence in health care delivery (Andrews, et al, 2010, 2011; Betancourt, et al., 2003; Campinha-Bacote, 2010; National Center for Cultural Competence, 2011). The challenge to health professionals is to find credible, accurate, current, and reliable information on cultural competence, especially when seeking informa-

tion that is available electronically.

The following professional organizations have statements in support of, and are pursuing active agendas in cultural competence education: Accreditation Council of Graduate Medical Education, Accreditation Council for Occupational Therapy Education, Accreditation Review Commission on Education for the Physician Assistant, Inc. (ARC-PA), American Association of Colleges of Nursing, American Medical Association, American Nurses Association, American Occupational Therapy Association, American Physical Therapy Association, American Speech-Language-Hearing Association, Commission on Accreditation in Physical Therapy Education, Commission on Accreditation of Respiratory Therapy Programs, Commission on Collegiate Nursing Education, Commission on Dental Accreditation, Council of Social Work Education, Council on Rehabilitation Education, Institute of Medicine, National Council of State Boards of Nursing, National League for Nursing, National League for Nursing Accrediting Commission, Inc., and The Joint Commission.

The remainder of this article contains pre-search suggestions, recommendations for choosing key words, guidance about where to seek information on cultural competence and related subjects, and tips on searching methods that will lead to the information being sought.

### Preparing for a Search

Before starting an electronic search, it is sometimes useful to pose a few preliminary questions:

- What key words or subject headings should be used? Selection of search terminology can determine the success or failure of a search for information; however, selecting keywords that do not work to begin with (i.e., keywords that don't successfully retrieve the in-

formation needed) is a signal to change the keywords being used, not a signal to give up. More about keywords and subject headings is included in the section about specific databases below.

- Is the subject appropriately narrow? A search could be narrowed by asking what age(s), gender, disease or health condition is of interest. For example, at nearly 17 percent, American Indians and Alaska Natives have the highest age-adjusted prevalence of diabetes among all U.S. racial and ethnic groups. With these details, the search could be made more specific (or narrow) by searching for "Non-insulin-dependent diabetes mellitus and Zuni Indians."
  - Note: If a search does not initially produce useful results, it is useful to consider using less specific search terms. In the example above, the search terms could be changed to simply "Diabetes and Zuni" or "Diabetes and American Indians".
  - Also remember to try using different keywords that mean the same thing. Thus, it may be useful to try "Diabetes and Native Americans" in the example above.
- Which databases will most likely provide useful information on this topic? If there is a database that focuses on the disease or condition of interest, it would be appropriate to select it to search first. For example, if the patient has a mental health condition, *PsycINFO*® would probably be the best database to use.

## Evaluating Sources

In a search for information to support culturally competent health care, the credibility of any information found must be established. In general, information that is retrieved from recognized professional indexes such as CINAHL® and MEDLINE®, which are discussed below, has been evaluated for accuracy by publishers, editors and peer-review panels, (though it is always a good idea to think critically about information being used, no matter how much it has been vetted already). However, when the information is found by searching the Internet at large, and there is the chance that no evaluation at all has been done on it previously, the following characteristics should be looked for:

- **Authority**

- Is the author or organizational sponsor clearly stated somewhere on the web page?
- Are the credentials of the author stated? Are they affiliated with a reputable organization or university? What is their area of expertise?
- Is there clear information provided for contacting the author or organizational sponsor? (Note: this information will usually appear near the bottom of the page.)

- **Accuracy**

- Is a list of sources used by the author provided? These sources may be useful as background information.
- Does the information correspond with information found in scholarly or peer-reviewed publications on the topic?
- Is the information well written and free of typos and other errors?

- **Objectivity**

- Is the information in the web page distinct from advertising or opinion?
- Are editorials and advertisements clearly labeled as such?
- Is the web page itself sponsored by a non-profit, advocacy or social/political movement? The URL's extension (e.g., .com, .org, .gov, .edu) can help determine whether the site has an intentional bias, or is trying to present objective information. For example, sites with .com extensions are commercial, and may be trying to sell something. Sites with .org extensions may be political organizations, and in their own way, also may be trying to sell something. Governmental sites (.gov) should be reliable, as should sites sponsored by educational institutions (.edu). However, it is always worthwhile to take time to assess the information being presented, no matter what the extension of the URL is.
- Are all sides of the story given, or is the information one-sided?
- **Currency**
  - Does the page indicate when the information was written or last updated? (Note: this information is conventionally provided at the bottom of the web page.)
  - Are the dates current? Or, do the dates make sense in the context of the information provided?
- **Coverage**
  - Is the information presented basic or comprehensive?
  - Is there an About Us link to explain subject coverage?
  - Is the information presented relevant?

- Has the information been abridged, edited, or embellished from a previous form (e.g., is it a segment of a journal article?), and is it clearly stated that the editing was done?

Information on cultural competence and related subjects is available from a variety of sources; nursing and other health care journals, books, and websites are all sources of information. However, finding appropriate information when faced with a patient of an unfamiliar culture may not always be so straightforward. It is the aim of this article to provide useful guidance about where to seek information to support cultural competence and transcultural nursing and health care, and to provide tips on searching methods that will lead to the information that is helpful specifically for the patient in question.

Remember that if a health sciences librarian is available, they will frequently be the best place to start, especially if finding information on the issue of interest has proven to be a challenge. Hospital librarians or librarians at affiliated universities will usually be happy to assist with searches for appropriate information. However, in many cases health care professionals will find themselves on their own when it comes to seeking out information. In these cases, this article will provide some useful routes to follow in order to successfully seek and find useful information.

### Online Indexes

Many proprietary online health care databases are available through academic libraries, hospital libraries and public libraries. These include the Cumulative Index to Nursing, and Allied Health Literature (CINAHL®), MEDLINE®, PsycINFO®, The Gale Encyclopedia of Alternative Medicine, the Complementary

and Alternative Medicine Information Source Book, the PDR® for Herbal Medicines, the Gale Health Reference Center Academic, InfoTrac Nursing and Allied Health Collection, MD Consult, EBSCO's Nursing Reference Center, ProQuest Dissertations and Theses, Education Resources Information Center (ERIC), Gale Virtual Library, Social Services Abstracts, Sociological Abstracts and Social Work Abstracts, etc. These databases must be licensed by a library, and thus are only available within the library, or by library users who have remote access to library resources (e.g., students, staff and faculty at a university library, hospital staff members at a hospital library, or community members with a library card at a public library). If access to the most comprehensive health care literature indexes e.g., MEDLINE® or CINAHL® is available, these databases are the best place to begin a search.

### CINAHL®

CINAHL® primarily cites journals that focus on nursing issues e.g., cultural competence, transcultural nursing, etc. Depending on which version of CINAHL® a library subscribes to, it can index from 3000 to 4500 journals in the area of nursing and allied health professions, including all publications of the American Nurses' Association and the National League for Nursing. CINAHL® also indexes some books, nursing dissertations, conference proceedings, and select book chapters.

CINAHL® is supplied exclusively by the database vendor, EBSCO, which links full-text articles to about 15% of its cited journals. For the remaining articles retrieved in a search, the abstract is usually available. To acquire the full text of such articles, one's library must be subscribed to the actual journal that published the article. Alternately, one could utilize the interlibrary loan service to access articles and books that are

<b>Use this CINAHL® term</b>	<b>In place of these keywords</b>
Alternative therapies	Alternative therapy, alternative medicine
Arabs	Physiological and cultural aspects of Arabs
Asians	Asian Americans, Asian, East Indians, Orientals, Southeast Asians
Attitude to Health	Attitudes to health, health attitude
Blacks	African American, Afro-Americans
Cultural competence	Cultural competency, Cultural competence
Cultural sensitivity	Awareness of the needs of patients of a particular culture
Ethnic groups	Ethnic group, ethnicity
Ethnological research	Comparison and contrast of cultures and societies as a whole
Ethnology	Comparative study of cultures
Ethnonursing research	A culture's beliefs about nursing care behavior
Hispanics	Hispanic, Hispanic Americans, Latinas, Latinos
International relations	The relationships between countries
Jews	Jew, Jewish
Medicine, African Traditional	Medicine based on the traditions and beliefs of African people
Medicine, Arabic	Arab medicine, Arabic medicine
Medicine, Chinese Traditional	Ancient traditional medicine in China that is based on yin and yang
Medicine, Herbal	Herbal medicine
Medicine, Latin American Traditional	Medicine based on customs and beliefs of traditional Latin American culture
Medicine, Oriental Traditional	Medicine based on the customs and beliefs of the Oriental people
Medicine, Tibetan	Tibetan medicine
Medicine, Traditional	A system of medicine that has ancient origin, cultural bonds, and trained healers
Native Americans	American Indians, Indians of North America, Native American Indians
Spiritual healing	Divine healing, Faith healing
Transcultural care	Cross cultural care
Transcultural nursing	Cross cultural nursing; intercultural nursing; multicultural nursing
World health	Information pertaining to the health of inhabitants of the world

Table 1: CINAHL® Search Suggestions

not owned by the library.

Sometimes the most difficult part of searching for information on cultural competence, transcultural nursing or related topic in CINAHL® (or another index) can be finding the most appropriate key words to use. CINAHL®, like many scholarly indexes, uses a *thesaurus* or list of standardized search terms that is used to precisely index articles. One should use this thesaurus to find standard search terms for a topic within CINAHL®. For example, if searching for information on African Americans, a search in the CINAHL® thesaurus would indicate that the standard term for African Americans in CINAHL® is “Blacks”. Using the search term “Blacks” will locate not only the articles in which the author used the term “Blacks,” but will also find articles in which the author used the terms African Americans or Afro-Americans, thus eliminating the need to try to think of all possible ways an author might have referred to African Americans. This thesaurus, called CINAHL® Headings, is available to search when using CINAHL® online. Table 1 shows many of the CINAHL® headings (in alphabetical order) along with keywords in place of which these headings would be used when searching for topics such as cultural competence, cultural congruence, and transcultural nursing or for information on specific cultures.

#### MEDLINE®

MEDLINE® “is the U.S. National Library of Medicine’s (NLM) premier bibliographic database that contains over 18 million references to journal articles in life sciences with a concentration on biomedicine” (NLM, 2011). MEDLINE® indexes over 5500 journals in multiple languages, and is therefore an excellent source of information on the health care of patients from diverse cultures. Because of its size and complexity, the use of a thesaurus of subject terms to

find appropriate articles on a topic is even more important than it is in CINAHL®. MEDLINE®’s thesaurus is called “MeSH, for Medical Subject Headings”.

Many libraries pay for access to commercially-available interfaces to MEDLINE®, for example, from OVID and from FirstSearch. However, the content of MEDLINE® (i.e., the 18 million references to journal articles), is made available for free on the Internet by the National Library of Medicine as PubMed® (<http://www.ncbi.nlm.nih.gov/pubmed/>).

In addition, some of the articles indexed there are also freely available in PubMed Central, “in keeping with NLM’s legislative mandate to collect and preserve the biomedical literature” (NLM, 2011). So this could be a very useful source for finding information on transcultural nursing for nurses without an affiliation with a medical library.

Table 2 shows many useful MeSH headings (in alphabetical order) along with keywords in place of which these headings would be used for searching for information on cultural competence and related topics in MEDLINE®. Note that sometimes the standard subject term in one database is not the same as the standard term in another. For example, whereas CINAHL® uses the term “Native Americans,” Medline uses the term “Indians, North American” to identify the same population.

#### PsycINFO®

PsycINFO® is the most comprehensive database indexing resources in the fields of psychology and psychiatry, and thus may be a useful source to consult for information on psychological aspects of health care. It is available through several database vendors but access to a library with a subscription to PsycINFO® will be necessary in order to use it. It indexes more than 2000 journals as well as books, book chapters



<b>Use this MeSH term</b>	<b>In place of these keywords</b>
African Americans	Blacks; Americans; African; Afro-Americans
Arabs	Arab; Palestinian; Palestinians
Asian Americans	Chinese Americans; Japanese Americans; Korean Americans
Asian Continental Ancestry Group	Asians; Chinese; Japanese; Koreans; Asiatic races
Complementary therapies	Alternative medicine; Alternative therapies; Alternative therapy; Complementary medicine; Complementary therapy
Cross cultural comparison	Cross cultural comparisons; Transcultural studies; Transcultural study
Cultural characteristics	Cultural characteristic
Culture	Belief or beliefs; cultural background or backgrounds; custom or customs
Delivery of health care	Health care delivery or healthcare delivery; health care deliveries or healthcare deliveries; health care system or systems; healthcare system or systems
Ethnic groups	Ethnic group; Nationalities, Nationality
Ethnology	Primitive societies, primitive society
European Continental Ancestry Group	Caucasian race or races, Caucasoid race or races; white, whites
Gypsies	Romany; Romanies, Gypsies
Hispanic Americans	Cuban American or Cuban Americans; Hispanics; Latina or Latinas; Latino or Latinos; Puerto Rican or Puerto Ricans; Spanish American or Spanish Americans
Indians, North American	American Indian or American Indians; Native American or Native Americans; North American Amerind or Amerinds; North American Indian
Inuits	Aleut or Aleuts; Eskimo or Eskimos; Inuit; Inupiat or Inupiat; Kalaallit or Kalaallit
Jews	Jew; Jewish
Medicine, African traditional	African medicine; African witch doctor or doctors
Medicine, Ayurvedic	Hindu medicine; Siddha medicine
Medicine, Chinese traditional	Oriental traditional medicine
Medicine, East Asian traditional	East Asia medicine, East Asian medicine; Far East medicine or medicines; Oriental medicine; Oriental traditional medicine; traditional far eastern medicine, traditional Oriental medicines
Medicine, herbal	Herbalism
Medicine, traditional	Ethnomedicine, Folk remedy or remedies; Folk medicine, Home remedy or remedies; Indigenous medicine; Primitive medicine
Transcultural nursing	Cross-cultural nursing; intercultural nursing; multicultural nursing
World health	International health problem or problems

Table 2: MEDLINE® MeSH Search Suggestions

and dissertations in the fields of psychology and psychiatry.

As in MEDLINE® and CINAHL®, PsycINFO® uses a thesaurus of subject terms to make searching in it as precise as possible. Though searching the database of indexed sources by keyword is possible, it may be advisable to search the thesaurus directly to check selected keywords against the list of subject terms. For example, when the keywords “Native Americans” is searched in the PsycINFO® thesaurus, the PsycINFO® subject heading term “American Indians” is retrieved, indicating to the researcher that searching for the term “American Indians” will more successfully retrieve articles about Native Americans than a search for the term “Native Americans” would have been. Table 3 lists many of the subject terms (in alphabetical order) that will be helpful for finding information on cultural competence in PsycINFO®, along with keywords in place of which these terms would be used, and some explanatory notes.

### **Other Health Care Databases**

There are other databases offered via the Internet, available primarily through libraries, which concentrate on health care information. These databases focus more on aggregating and making available the full text of journal articles, and often reference books and other types of sources in a subject area, than on comprehensively indexing everything that is published in a subject area, like CINAHL®, MEDLINE® and PsycINFO® do. For this reason, when using these databases as a source of information on cultural competence, it must be remembered that the information found may not include the whole picture for the issue being researched. However, these databases can certainly be useful, and because they usually contain the full text of the articles they index, the information contained in them is frequently more accessible than

the information retrieved from MEDLINE® and CINAHL®.

### **Health and Wellness Resource Center and Alternative Health Module**

This database, produced by Gale, combines full-text magazines, journals, newsletters, newspaper articles, pamphlets, videos and reference books into one resource. It includes an Alternative Health Module with more than sixty journals focusing on complementary and alternative therapies, as well as reference books such as The Gale Encyclopedia of Alternative Medicine, The Complementary and Alternative Medicine Information Source Book and The PDR® for Herbal Medicines. The database is intended to be useful for professionals as well as consumers, so the reading level is fairly accessible. It is a small database compared with others discussed in this article, but because it offers the full text of most of the articles and other sources it indexes, because of the focus it places on alternative medicine, and because it is made available by many public libraries, it will certainly prove to be a useful resource for information on some areas of cultural competence and transcultural health care.

### **Health Reference Center Academic**

The Health Reference Center Academic is another database produced by Gale. It provides the full text to more than nine and a half million articles, with daily updates. As the name implies, the focus of the database is on sources that report on research in health care, and consequently is also useful to nurses and other allied health care professionals. It does not contain the reference books that are available in Health and Wellness Resource Center and Alternative Health Module, but because the full text of most of the articles indexed in it are available, and because it indexes many peer-reviewed journals, and is

also available at many public libraries, it will be a useful database to consult for information on cultural competence and transcultural health care.

#### InfoTrac Nursing and Allied Health Collection

The InfoTrac Nursing and Allied Health Collection is an index of approximately 1100 journals in nursing and allied health professions, with almost six million full-text articles available within it. Its stated audience is professionals and students in nursing and related health care fields, so it is an entirely appropriate source in which to seek information on cultural competence and the provision of health care to diverse cultures. However, it is likely only to be found in academic and hospital library collections.

#### MDConsult

MDConsult is primarily available in hospitals and medical schools and is intended to serve as a point-of-care resource, to aid in patient care decision making. If it is available, however, it is an excellent source within which to search for information on cultural competence and on the health care needs of diverse cultural groups. MDConsult contains full-text articles from over eighty medical journals and fifty leading med-

ical reference books, all of which may be searched at once. Its intended audience is primarily physicians, but because the concepts of cultural competence and information about providing health care to specific cultural groups are addressed in this resource, it will serve nurses in need of this information as well. Not all of the journal articles are indexed in this database are available as full text, so there will be times when a citation for a useful article is retrieved, but the full text of the article is not contained within MDConsult. In these cases, it will be helpful to consult a librarian.

#### Nursing Reference Center

Because EBSCO's Nursing Reference Center attempts to be a point-of-care resource for all types of nurses, it is especially well-suited as an online source from which to seek information about all aspects of cultural competence. It provides access to information from nursing reference books, nursing journals, and to the CINAHL® Nursing Guide, which includes thousands of evidence-based care sheets. Theoretical articles on cultural competence may be found in this resource, as well as articles that address culturally congruent patient care for patients of specific cultures with specific conditions

<b>Use this PsycINFO® term</b>	<b>In place of these keywords</b>
African cultural groups	Africans, cultural groups of people on the continent of Africa
Alaska natives	Native Alaskans
Alternative medicine	Complementary medicine; homeopathic medicine
American Indians	Native Americans; Indians of North America
Arabs	Palestinians; Arabians
Asians	Asian Americans
Blacks	African Americans; Afro-Americans

Table 3: PsychINFO® Search Suggestions

<b>Use this PsycINFO® term</b>	<b>In place of these keywords</b>
Chinese Cultural Groups	Cultural groups of people in China; (“Asians” should be used for publications prior to 1977)
Cross cultural communication	Intercultural communication; Interethnic communication
Cross cultural differences	Used for comparisons between populations with different psychological, sociological, or cultural mores
Cross cultural treatment	Treatment where the racial, ethnic, or cultural background of the patient or client is different from that of the health care provider; Cross cultural health care
Cultural sensitivity	Awareness and appreciation of the values, norms, and beliefs unique to a particular cultural minority, ethnic, or racial group; Ethnic sensitivity
Ethnic identity	Feelings, ties, or associations that an individual experiences as a member of a particular ethnic group; Ethnicity
Ethnic values	Qualities, principles or behaviors considered to be morally or intrinsically valuable or desirable in a particular ethnic group
Folk medicine	Ethnomedicine
Hawaii natives	Native Hawaiians
Inuit	Eskimos
Japanese Cultural Groups	Cultural groups from Japan; (“Asians” should be used for publications prior to 1977)
Jews	Jew; Jewish; (Judiasm may also be helpful)
Korean Cultural Groups	Cultural groups from North and South Korea (“Asians” should be used for publications prior to 1977)
Latinos/Latinas	Cuban Americans; Hispanics; Puerto Rican Americans; Spanish Americans
Minority groups	Includes ethnic, linguistic and social minority groups
Multiculturalism	Biculturalism; Cultural pluralism
Pacific Islanders	People of Melanesia, Micronesia; Polynesia
Racial and ethnic differences	Differences between two or more racial or ethnic groups
Racial or ethnic groups	Ethnic groups
Romanies	Gypsies; Gipsies; Romany
Sociocultural factors	Cultural factors
South Asian Cultural Groups	Cultural groups from the subcontinent of India, including Bangladesh, Nepal, Pakistan, Sri Lanka, Maldives, and Bhutan
Southeast Asian Cultural Groups	Cultural groups from countries south of China and east of India, including Brunei, Cambodia, Laos, Vietnam, Thailand, Singapore, Malaysia, Indonesia, Philippines, Myanmar, and East Timor
Vietnamese Cultural Groups	Cultural groups of people from North or South Vietnam; (the term “Asians” should be used for publications prior to 1977)

Table 3: PsychINFO® Search Suggestions (continued)

and diseases. Searches tested in this database produced results that indicated its superiority in finding information on sensitive culture care issues.

### **Other Useful Databases**

The following databases also contain useful information on culture and cultural competence, though they are not strictly health care databases.

#### **ProQuest Dissertations and Theses**

This indexes dissertations and theses written by graduate students from universities throughout the world, though primarily from the United States. Because of the increasing emphasis on the importance of cultural competence in health care professionals by health care governing bodies, many dissertations have been done on cultural competence, transcultural nursing, culturally competent health care organizations, and related subjects, especially in the past couple decades. Thus ProQuest Dissertations and Theses, if it is available in an accessible library, can be an excellent source of information. A majority of the dissertations and theses indexed since 1997 are available as PDF files, and can be downloaded for free. A recent search on the terms “transcultural nursing” or “cultural competence” produced 152 documents in this database.

#### **ERIC – Education Resources Information Center**

The database known as ERIC is the most comprehensive index of resources in the field of education. Because education at all levels has also become multicultural in the United States and other countries, the ability to successfully educate also requires cultural competence. In addition, ERIC indexes journals published in the field of health education. For these reasons, there may be information about the particular cultural groups that will be useful to nurses and other

health care professionals to be found in this database. Like MEDLINE®, ERIC is provided by the U.S. government, so some of the resources indexed in it are freely available via the Internet. To access the publicly available version of ERIC, go to <http://www.eric.ed.gov>. A sample search done recently on “American Indians and culture and health,” limited to articles for which the full text was freely available, produced a set of more than three hundred articles.

#### **Gale Virtual Reference Library**

This online reference source, a compilation of more than one thousand reference sources from which individual libraries can choose to subscribe to any number of titles, may include the following titles: The Gale Encyclopedia of Nursing and Allied Health, The Encyclopedia of Public Health, The Encyclopedia of Disability, The Encyclopedia of Communication and Information, The Gale Encyclopedia of Medicine, The Gale Encyclopedia of Mental Health, the Gale Encyclopedia of Multicultural America, among other reference titles that might prove to be useful sources of information on cultural competence, health disparities, and transcultural health care. For example, a recent search in the Gale Virtual Reference Library on the keywords “Hispanic childbirth” retrieved an article from The International Encyclopedia of Marriage and Family, which offered useful information about the use of anesthesia in Mexican women during childbirth.

Because each library selects the titles to which they want to subscribe from this collection, a search in the Gale Virtual Reference Library at one library will not necessarily retrieve the same results as the same search conducted in this database at another library. Searches are done in all the reference sources in the Gale Virtual Reference Library at once, making it easy to find relevant articles from all the appropriate ref-

erences sources in this collection supplied by the library being used.

#### Social Services Abstracts, Sociological Abstracts and Social Work Abstracts

Social Services Abstracts, provided by CSA Illumina, and Social Work Abstracts, provided by EBSCO, both focus on current research in social work and human services and thus contain references to articles with information about the beliefs and customs of diverse cultural groups. Sociological Abstracts, also provided by CSA Illumina, indexes sources with a focus on culture and social structure. All three databases, if available at an accessible library, could be beneficial resources on culturally competent care.

#### Websites

Below (also included on Table 4) is a list of websites from which to seek information on culturally competent care in general, or for information on patients of a particular culture. Most are sponsored by U.S. government agencies or universities. When looking for information on a particular population, one must go directly to the individual site and perform a search for the population in question. Unless otherwise noted, all of these sites offer a search function, from which all the information included in the site may be searched, thus allowing the person searching to find the precise information needed (assuming it is included on the site). Do not hesitate to consult more than one site to locate the information needed.

#### The Joint Commission

The Joint Commission on the Accreditation of Healthcare Organizations put in place patient-centered communication standards in December, 2009. These communication standards also address cultural competence. The standards were published in the 2011 Comprehensive Ac-

creditation Manual for Hospitals (CAMH) and compliance with these standards will be required beginning in January, 2012. This website provides the language of the standards as well as links to helpful information about patient-centered communication and cultural competence.

#### The National Network of Libraries of Medicine (NN/LM), MidContinental Region:

The MidContinental Region of the National Network of Libraries of Medicine has amassed a useful list of links to information on cultural competence, from Think Cultural Health sponsored by the U.S. Dept. of Health and Human Services to websites that are culture specific, such as Reducing Health Disparities in Asian Americans and Pacific Islanders. The NN/LM's stated purpose is to "provide health professionals and the general public with health information, resources and services" (National Network of Libraries of Medicine, 2011). It is sponsored by the National Library of Medicine.

#### Ethnomed

Jointly sponsored by the University of Washington and the Harborview Medical Center in Seattle, the stated purpose of the site is "to make information about culture, language, health, illness and community resources directly accessible to health care providers who see patients from different ethnic groups" (Ethnomed, 2011). The site takes particular care to provide information about smaller immigrant populations in the U.S., for example Cambodian, Eritrean and Somali Bantu. For larger, well-documented populations such as Hispanics, the site provides extensive links to other sites providing information about these groups.

#### Indian Health Service

The Indian Health Service (IHS) is an agency

within the Department of Health and Human Services, and is responsible for providing federal health services to American Indians and Alaska Natives (Indian Health Service, 2011). The purpose of the website is to provide information to employees and clients of the IHS about all aspects of services provided, so the focus of the site is not cultural competence in particular. However, a recent search of the site on “cultural competence” did retrieve useful information about providing culturally sensitive care in selected health care situations. It is definitely worth checking this site for information when in need of information on culturally congruent care for Native Americans and Alaska Natives.

#### The National Center for Cultural Competence

The National Center for Cultural Competence at Georgetown University in Washington, D.C. “provides national leadership and contributes to the body of knowledge on cultural and linguistic competency within systems and organizations” and “creates tools and resources to support health and mental health care

providers and systems” (National Center for Cultural Competence, 2011). Thus this site will always be worth searching when looking for information on cultural competence or culturally congruent care of patients of another culture.

#### University of Michigan School of Public Health

Because the University of Michigan School of Public Health (UMSPH) “seeks to create and disseminate knowledge with the aim of preventing disease and promoting the health of populations in the United States and worldwide” and is “especially concerned with poor, often minority populations” (University of Michigan School of Public Health, 2011), its website is a useful place from which to seek information about the health care of populations of diverse cultures. The mission of the UMSPH’s Center for Research on Ethnicity, Culture and Health that the center seeks “to address the public health needs of an increasingly diverse society by providing a forum for basic and applied research on racial and ethnic differences in health,” thereby making the UMSPH not only a provider of informa-

Website Name	Uniform Resource Locator (URL)
The Joint Commission	<a href="http://www.jointcommission.org/Advancing_Effective_Communication/">http://www.jointcommission.org/Advancing_Effective_Communication/</a>
The National Network of Libraries of Medicine (NN/LM), Midcontinental Region	<a href="http://nml.gov/mcr/resources/community/competency.html">http://nml.gov/mcr/resources/community/competency.html</a>
Ethnomed	<a href="http://www.ethnomed.org">http://www.ethnomed.org</a>
Indian Health Service	<a href="http://www.ihs.gov">http://www.ihs.gov</a>
National Center for Cultural Competence	<a href="http://gucchd.georgetown.edu/nccc">http://gucchd.georgetown.edu/nccc</a>
University of Michigan School of Public Health	<a href="http://sph.umich.edu">http://sph.umich.edu</a>
National Alliance for Hispanic Health	<a href="http://www.hispanichealth.org">http://www.hispanichealth.org</a>

Table 4: Useful Websites

tion, but also an information-generating organization in the area of health care for disparate cultures.

Numerous other websites offer information on cultural competence and on the cultural beliefs and lifeways of diverse populations. It would be useful to add the word “directory” or “database” as search terms. This could serve to find directories or databases of information on the topic that have been made available on the web, and that could be located with a Google search. For example, a recent Google search on “Hispanics and health and directory” retrieved the website National Alliance for Hispanic Health ([www.hispanichealth.org](http://www.hispanichealth.org)). This site in turn provided a search option for its content. The content provided within the website would not necessarily have been found with the Google search alone. When searching the Internet at large, be sure to use the guidelines listed above for evaluating the information retrieved. It may also be useful to try Google Scholar (available by clicking More at the top left corner of the Google search page). This Google search limits information retrieved to scholarly articles, books, theses, and other scholarly sources. With an affiliation to a university or hospital, the search results from Google Scholar may also be linked to the full text of the references retrieved, if the university’s library has the articles in its collection.

### Conclusion

It is clear that there is an abundance of information about cultural competence and details about particular cultures to be found electronically. The information in this article should provide a good start to health care professionals in need of support for providing culturally competent care. This is not a comprehensive list, however, and while the authors made every effort to provide information about web sites and data-

bases that should prove most useful when beginning a search for information on culturally competent health care, none of the specific websites provided were exhaustively evaluated for accuracy, validity, reliability or cultural sensitivity. All sources of information should be critically evaluated (see guidelines for evaluating information under Evaluating Sources above) before using. Once again, do not hesitate to ask for assistance from a health sciences or other type of librarian where one is available. They are usually happy to help.

### References

- American Association of Colleges of Nursing (AACN). (2008). *The essentials of Baccalaureate education for professional nursing practice*. Washington, DC: Author.
- Andrews, M. M., & Boyle, J. S. (2011). *Transcultural concepts in nursing care* (6th ed.). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Andrews, M. M., Cervantez-Thompson, T. L., Wehbe-Alamah, H., McFarland, M. R., Hanson, P. A., Hase-nau, S. M., Horn, B. M., Leuning, C. J., Miller, J. E., & Vint, P. A. (2011). Developing a culturally competent workforce through collaborative partnerships. *Journal of Transcultural Nursing*, 22(3), 300-306.
- Andrews, M. M., Backstrand, J. R., Boyle, J. S., Campinha-Bacote, J., Davidhizar, R. E., Doutrich, D., Echevarria, M., Giger, J. N., Glittenberg, J., Holtz, C., Jeffreys, M. R., Katz, J. R., McFarland, M. R., McNeal, G. J., Pacquiao, D. F., Papadopoulos, I., Purnell, L., Ray, M. A., Sobralske, M. C., Spector, R., Yoder, M. K., & Zoucha, R. (2010). Theoretical basis for transcultural care. *Journal of Transcultural Nursing*, 21 (Supplement 1), 53S-136S.
- Betancourt, J. R., Green, A. R., Carillo, E., & Owusu, A. (2003). Defining cultural competence: Practical framework for addressing racial / ethnic disparities in health and health care. *Public Health Reports*, 118, 293-302.
- Betancourt, J. R., Green, A. R., Carillo, E., & Park, E. R. (2005). Cultural competence and health care disparities: Key perspectives and trends. *Health Affairs*, 24(2), 499-505.
- Campinha-Bacote, J. (2010). The process of cultural competence in the delivery of healthcare services. In M. Douglas & D. Pacquiao (Eds. Core Curriculum in Transcultural Nursing and Health Care). *Journal of*



- Transcultural Nursing*, 21 (supplement 1), 119S-127-S.
- D. Pacquiao (Eds. Core Curriculum in Transcultural Nursing and Health Care). *Journal of Transcultural Nursing*, 21 (supplement 1), 119S-127-S.
- Center for Research, Ethnicity, Culture, and Health, School of Public Health-University of Michigan. (2011). *About CRECH*. Retrieved from <http://www.crech.org/joomla15/about-us-mainmenu-32>
- Cross, T., Bazron, B., Dennis, K., & Isaac, M. (1989). *Toward a culturally competent system of care. Volume I*. Washington, D.C.: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Ethnomed. (2011). *About Ethnomed*. Retrieved from [www.ethomed.org](http://www.ethomed.org)
- Indian Health Service (2011). *Indian health service introduction*. Retrieved from [www.ihs.gov](http://www.ihs.gov)
- Leininger, M. M., & McFarland, M. R. (2002). *Transcultural nursing concepts, theories, and practices*. New York, NY: McGraw-Hill.
- Leininger, M. M., & McFarland, M. R. (2006). *Culture care diversity and universality: A worldwide theory for nursing*. Sudbury, MA: Jones & Bartlett Publishers.
- National Center for Cultural Competence (2011). What we do. Retrieved from <http://www11.georgetown.edu/research/guchd/nccc/about.html#what>
- National Institutes of Health. (2006). Conference on understanding and reducing health disparities (Conference Proceedings). Bethesda, MD: National Institutes of Health.
- National League for Nursing. (2009). *A commitment to diversity in nursing and nursing education*. Retrieved from [http://www.nln.org/aboutnln/reflection\\_dialogue/refl\\_dial\\_3.htm](http://www.nln.org/aboutnln/reflection_dialogue/refl_dial_3.htm)
- National Network of Libraries of Medicine. (2006). *NN/LM member services*. Retrieved from <http://nlnm.gov/mcr/resources/community/competency.html>
- Office of Management and Budget. (1997). Revisions to the standards for the classification of federal data on race and ethnicity. Retrieved from [http://www.whitehouse.gov/omb/fedreg\\_1997standards](http://www.whitehouse.gov/omb/fedreg_1997standards)
- Office of Minority Health. (2001). *National standards for culturally and linguistically appropriate services in health care: Final report*. Retrieved from <http://minorityhealth.hhs.gov/assets/pdf/checked/finalreport.pdf>
- Stratton, A., Hynes, M., & Nepaul, A. (2007). *Issue brief: Defining health disparities*. Hartford, CT: Connecticut Department of Public Health.
- Tylor, E.B. (1871). *Primitive cultures*. New York, NY: Brentano.
- University of Michigan School of Public Health. (2011). About UM SPH. Retrieved from <http://www.sph.umich.edu>
- U.S. Census Bureau. Population Division.(2010). *Racial and ethnic classifications used in census 2000 and beyond*. Retrieved from <http://www.census.gov/population/www/socdemo/race/racefactcb.html>
- U.S. National Library of Medicine. National Institutes of Health. (2011). Factsheet, Medline. Retrieved from <http://www.nlm.nih.gov/pubs/factsheets/medline.html>.
- U.S. National Library of Medicine - National Institutes of Health. PubMed Central. (2011). PMC overview. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/about/intro/>