

EMERGENCY NURSES ASSOCIATION POSITION STATEMENT

DIVERSITY IN EMERGENCY CARE

In order to deliver competent, compassionate, and high quality care, health professionals must recognize, respect, and adapt to the diversity in all individuals using a model of cultural competence.¹⁻⁴ Cultural competence is a continuous, evolutionary process that requires nurses to become culturally competent through ongoing cultural awareness, cultural knowledge, and cultural skill during encounters with patients' families, colleagues, and other individuals and groups.⁴

The Giger-Davidhizar Model of Transcultural Assessment provides a framework to assess the role of culture on health and illness in culturally diverse patients regarding communication, space, social organization, time, environmental control, and biological variations and can be applied and used in emergency departments.² Incorporating principles of diversity and cultural congruence in all aspects of the work environment promotes improved patient care and outcomes as well as more satisfying and cohesive working relationships.^{5,6}

The competent nurse views patients and colleagues as unique individuals, each with their own influences and attitudes, and incorporates these unique characteristics into the development of a plan of care that promotes cultural congruence and avoids cultural imposition, stereotyping, and assumptions. The competent emergency department nurse is self-reflective about how her or his own behavior can affect a patient's health, is prepared to value diversity in patients and colleagues, and is a valuable member of the health care team.

It is the position of ENA that:

1. It is the basic human right of all people to access culturally congruent and culturally-competent emergency care.
2. All persons have ethnicity, and all persons bring to any interaction a set of beliefs and behaviors that are rooted in their culture, ethnic, and family backgrounds.
3. Cultural diversity is defined by invisible, value and belief patterns as well as visible characteristics such as: age, race, culture, ethnicity, gender, occupation, socioeconomic status, wealth, language, education, political views, sexual orientation, spirituality and religion, ethics and morality, biological and physical uniqueness, and marginalization.
4. Emergency care organizations must recognize the existence of and support diversity in patients, families, communities, and staff.
5. The need for cultural competence is part of a comprehensive effort to address racial and ethnic disparities in health care and nurses are encouraged to participate in changing organization-wide practices, systematic practices, and clinical care practices and should

be supported by organizational leadership in effecting these changes.

6. Education programs and educational resources must incorporate diversity concepts using a culturally congruent model.

References

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