

Concept Analysis on Cultural Humility

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Abstract

Background: Cultural humility is becoming a core concept in nursing, and specifically in the more multicultural healthcare settings of the present day. While cultural competence is more about learning about others, cultural humility is characterized by a more profound, more introspective process rooted in self-awareness, humility, and ongoing commitment to personal and professional development. **Aim:** The aim of this concept analysis is to investigate and clarify the concept of cultural humility in nursing with an emphasis towards distinguishing it from its related constructs and to establish its application in the promotion of culturally safe and responsive care. **Method:** The study utilized Walker and Avant's eight-step concept analysis approach. A comprehensive literature review assisted in identifying the most important attributes, antecedents, consequences, empirical referents, and illustrative cases to better understand cultural humility in nursing practice. **Result:** Cultural humility has been described as an iterative, introspective process characterized by openness to others' experiential realities, rigorous self-reflection, awareness of current power dynamics, and respectful dialogue with all cultural groups. Precursors of note are individual self-reflection, diversity and inclusion training, and extensive cross-cultural contact. Cultural humility outcomes are improved patient-provider communication, enhanced therapeutic relationships, and mitigation of health disparities. **Conclusion & Implementation:** Cultural humility as a core virtue of the times facilitates fair, inclusive, and patient-centered care. Integration of this practice into nursing education, practice, and leadership can potentially drive social justice in health care and enable the establishment of trust in diverse cultural settings. To operationalize cultural humility in practice, institutions need to integrate it into curricula, clinical policy, and organizational culture. Interventions include integrating reflective practice into curricula, establishing continuing cultural conversation in clinical environments, and developing mentorship models that honor lived experience and multiple viewpoints. With these initiatives, cultural humility can be a sustained and actionable aspect of nursing professionalism and patient advocacy.

Introduction:

Concept analysis is the foundation and backbone of nursing theory development that provides a systematic framework for illuminating and elaborating on abstract ideas that form the core of the discipline. Through analysis of defining the concept that is taken to analyze its attributes, antecedents, and consequences of the concept, nurses can enhance theoretical structures, enhance practice, and eventually lead to improved patient outcomes (Foronda, Baptiste, Reinholdt, & Ousman, 2016; Taghinezhad, Mohammadi, Khademi, & Kazemnejad, 2022). Cultural humility is a crucial component of nursing practice that entails reflection, respect, and continued learning in encounters with people from

varying cultural backgrounds (Kelsall-Knight, 2022). In the current globalized healthcare setting, cultural humility is a necessity for breaking through complicated cultural dynamics and providing fair, patient-centered care (Berge, Dirgar, Tosun, Tanriverdi, & Atay, 2024).

Cultural humility is aligned with several nursing theories and frameworks. Madeleine Leininger's Transcultural Nursing Theory emphasizes the value of cultural awareness to offer culturally congruent care (Lasmaida & Dedi, 2024). Hildegard Peplau's Theory of Interpersonal Relations also emphasizes the nurse-patient relationship as a basis for culturally humble care (Jojan & Carroll, 2024). Also, Tervalon and Murray-García's Cultural Humility Framework gives a systematic model to comprehend cultural humility as a lifetime process of power awareness and self-reflection (Foronda et al., 2016). These theory bases emphasize the importance of cultural humility in fostering respect, trust, and equity in nursing practice.

Definition of Cultural Humility

Cultural humility is a continuing process of self-examination that recognizes and reconciles the power dynamics, bias, and limitations of cultural knowledge. Related: Culture competence, while cultural knowledge is the focus of attention in cultural competence, cultural humility requires ongoing self-examination, openness, and learning from others (Foronda et al., 2016). Cultural humility, as viewed by Tervalon and Murray-García, has three primary principles:

The first is a lifetime process of self-awareness and self-criticism, where one continues to be open to learning about others and oneself. The second is being aware of power relationships and taking an active role in producing more equitable and respectful exchanges. Finally, it's about developing authentic relationships and alliances with people and groups who advocate for themselves and others, building mutual respect and shared knowledge (Foronda et al., 2016).

This model aligns with the essence of nursing values, including respect, dignity, and wholism, so cultural humility is fundamental to nursing practice (Taghinezhad et al., 2022).

Cultural humility is a process that requires nurses to acknowledge their cultural limitations and biases but be willing to learn from patients' and families' points of view. For example, Berge et al. (2024) state that cultural humility enables nursing students to provide high-quality care within multicultural settings through trust and respect from both ends. Similarly, Kelsall-Knight (2022) emphasizes that cultural humility supports person- and family-oriented care by ensuring the cultural values and beliefs of patients are included in their care plans. In addition to scholarly definitions, the Merriam-Webster Dictionary (n.d.) also defines humility as "freedom from pride or arrogance," which is aligned with the nursing practice of cultural humility as a modesty and openness approach in cultural encounters. Although cultural humility goes beyond the general definition by accepting a critical awareness of power and systemic health disparities (Adelstein, 2015; Foronda et al., 2016).

Defining Attributes:

Cultural humility has five defining attributes: self-reflection, openness, awareness of power, lifelong learning, and building partnerships. These are vital to respond to health disparities, to establish trust, and to provide culturally congruent care.

1. Ego-lessness can be defined as coming to interactions with humility and the absence of superiority. It means dealing with everyone on equal terms, irrespective of cultural, social, or economic status. Markey et al. (2021) have explained ego-lessness as an important characteristic of humility, highlighting its function in the establishment of inclusivity and successful teamwork. In nursing practice, ego-lessness allows nurses to establish a non-judgmental and supportive setting where patients are valued and respected.

2. Openness: Being open means treating each patient interaction with respect, interest, and a genuine desire to understand their cultural perspectives (Kelsall-Knight, 2022). In multicultural contexts, openness fosters mutual respect and trust.
3. Self-awareness and reflection:
 - Nurses must be power aware to identify and address systemic inequalities that influence healthcare interactions, such as racism and socioeconomic disparities (Foronda et al., 2016). This is a crucial quality needed to support underrepresented groups.
 - Self-reflection and self-criticism mean constantly questioning one's practice, beliefs, and attitudes to enhance practice. This is a continuous process that leads to personal and professional development. (Foronda et al., 2016) Highlight the value of self-reflection in cultural humility, where it assists nurses in recognizing areas for enhancement and gaining a deeper insight into their prejudices.
4. Continuous Learning: Nurses must constantly learn and broaden their cultural competencies and knowledge because cultural humility is a continuous process of development and transformation.
5. Partnership-Building: According to Foronda et al. (2016), partnership-building is the process of working together with patients, families, and communities to jointly develop care plans that honour and value cultural customs. This trait ensures care that is both patient-centered and culturally appropriate.

Substantive Discussion

The five nursing humility characteristics openness, self-awareness and reflection, egolessness, partnership development, and continuous learning—are essential for balanced, patient-centered care. Openness enables nurses to recognize bias, while self-awareness and reflection facilitate professional and personal growth. Egolessness facilitates humility, offering non-judgmental care, and partnership development reinforces trust and collaboration. Continuous learning facilitates adaptability and practice excellence. These interconnected attributes demolish power disparities, improve patient outcomes, and strengthen culturally competent nursing (Tervalon & Murray-García, 1998; Foronda et al., 2020; Markey et al., 2021). Based on these foundations, nursing humility is the foundation of humane and effective care.

Antecedents and Consequences:

Antecedent:

Exposure to cultural diversity is an essential precondition for cultural humility. Professional practice, education, or firsthand experience can all provide this kind of exposure (Foronda et al., 2016). For instance from Berge et al. (2024), nursing students exposed to multiculturalism in training are likely to become culturally humble. They have their presuppositions challenged, their appreciation for cultural differences broadened, and their willingness to learn from others nurtured by such experience.

Consequence:

Enhanced Patient Outcomes and Trust. The final outcome of cultural humility is improved patient outcomes and trust. Since nurses are able to exercise cultural humility, they create a health care environment that makes the patient feel valued, respected, and heard (Foronda et al., 2016). This builds trust, improves communication, and leads to more effective treatment regimen adherence, hence improving health outcomes. As a sample drawn from, Kelsall-Knight (2022) which demonstrates cultural humility enables person- and family-centered care directly to the benefit of improved patient satisfaction and outcomes.

Substantive Discussion

The components of cultural diversity serve as foundational elements that develop nursing humility which shapes nurses' interactions with patients from various backgrounds. Healthcare professionals who eradicate personal ego while developing self-awareness and openness establish trust, respect, and teamwork to address power disparities in medical settings. Healthcare professionals develop cultural competence through humility which enables them to deliver sensitive equitable care that raises mutual empowerment and better communication while patient outcomes improve. Academic investigations establish the connection between humility and healthcare improvement through studies that demonstrate how contextual humility advances health equity and patient care standards (Tervalon & Murray-García, 1998; Foronda et al., 2020; Markey et al., 2021).

Model Case:

Model Case: Mr. Blackbird, a 70-year-old Indigenous Canadian man with chronic kidney disease (CKD) his symptoms getting worse, has been avoiding dialysis for weeks. He tells his care team that re-establishing spiritual balance requires taking part in traditional healing rituals that include herbal teas and fasting. "Can you help me understand how your ceremonies connect to your health?" a nurse asks when he shows signs of resistance. Mr. Blackbird concurs that a disturbed balance with nature is the root cause of illness. After considering their presumptions regarding "non-compliance," the nurse collaborates with him, an Indigenous elder, and a nephrologist to modify his dialysis regimen to coincide with ceremonial days. They also go to a workshop on Indigenous healing practices and look into herbal remedies that are safe for CKD.

Demonstration of attributes

Discussion:

Ego-lessness: They also go to a workshop on Indigenous healing practices and look into herbal remedies that are safe for CKD. Self-Reflection and awareness: The nurse questions their preconceived notion that Mr. Blackbird's opposition was unreasonable. The patient and local Authorities are involved in decision-making.

Openness: They place a high value on comprehending his spiritual perspective.

Lifelong Learning: The nurse wants to learn more about Indigenous customs.

Partnership-Building: Mr. Blackbird's values are at the heart of the co-creation of care.

Borderline Case:

A 10-year-old Somali girl named Amina and her mother arrive at a pediatric clinic, but the mother refuses to give her the HPV vaccine. This is an example of a borderline case. The mother expresses mistrust because of rumors in their community and worries that the vaccine goes against cultural norms regarding modesty. "Read this and let me know if you change your mind," a nurse says in Somali as she hands her a pamphlet about vaccine safety. The nurse does not consult a community health worker or enquire further about the family's particular concerns, despite their best efforts to provide culturally appropriate materials. The mother feels ignored and is unlikely to come back.

Discussion:

Power Awareness: The nurse does not work with cultural mediators to rectify the imbalance.

Developing Partnerships: Care is transactional rather than cooperative.

Justification: Although the nurse attempts to address systemic mistrust and involve the family as partners by offering translated materials, they fall short. This incomplete endeavor runs the risk of escalating health disparities.

Contrary Case:

Mr. Rivera, a 50-year-old immigrant from Mexico, shows up at the emergency room complaining of chest pain. He explains that the scapular, a religious pendant, he is holding, protects him spiritually. He says, "It's blessed by my priest—I can't take it off," when a nurse asks him to take it off for an ECG. "This isn't a church," the nurse yells. "You're wasting time," he says, yanking the scapular off his neck. Mr. Rivera shows signs of distress and later tells his family that he will not go to the hospital again.

Discussion:

Ego-lessness: The nurse did not value his religion and also yelled at the patient. As the patient is from Mexico and showed superiority. Self-reflection and awareness: Then you write off the patient's beliefs as insignificant. The nurse violates autonomy by using their position of authority as a weapon. Openness: No attempt to comprehend the significance of the scapular. Lifelong Learning: Lack of interest in religious or cultural customs. Building Partnerships: Care is coercive rather than cooperative. Justification: The nurse's actions in this case exacerbate mistrust and undermine the patient's desire to seek care, which is an example of cultural arrogance.

Conclusion:

In short, cultural humility is a new way of empowering nurses to provide patient-centered and equitable care. It is through integrating cultural humility into advanced practice nursing that we can address health disparities, improve patient outcomes, and create a healthcare system whose values acknowledge human dignity and people's humanity. Through such analysis of the definition, I increased my level of understanding courtesy of the nature of cultural humility and its relation to nursing practice. As a future Family Nurse Practitioner, I plan to operationalize cultural humility in practice through ongoing self-reflection, pursuing learning opportunities from my patients, and promoting systemic change. Cultural humility is not merely a competency but a lifelong process of self-reflection, openness, and advocacy, and it is critical to establishing trust and developing meaningful relationships with patients from diverse backgrounds.

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