

A Concept Analysis of Cultural Sensitivity

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Cultural sensitivity is used ubiquitously, yet different meanings are constructed. An improved understanding of the term as described within health care and in general would enhance nurses' understanding and communication with professionals and clients. To uncover the current meaning of cultural sensitivity, a concept analysis was performed. Findings included the attributes of knowledge, consideration, understanding, respect, and tailoring. Necessary antecedents were diversity, awareness, and an encounter. The consequences were effective communication, effective intervention, and satisfaction. A definition of cultural sensitivity was proposed. Providers may benefit from recognizing and addressing the identified antecedents and attributes to obtain the positive consequences of employing cultural sensitivity.

Keywords: *cultural sensitivity; concept analysis*

The concept of cultural sensitivity has proliferated into a buzzword. By definition, buzzwords are "stock phrases that have become nonsense through endless repetition" (WordNet, 2001). *Cultural sensitivity* is utilized ubiquitously within multiple contexts from health care to business to education. An improved understanding of the term as described within health care and in general would enhance nurses' understanding and communication with professionals and clients. To uncover the current meaning of cultural sensitivity, a concept analysis was performed using Rodgers and Knafl's (2000) techniques.

Method

To "bridge the gap" between health care providers and recipients of care, a literature search across multiple disciplines should be performed, including popular media (Rodgers & Knafl, 2000, p. 87). In other words, examining literature outside of the discipline of nursing, such as education, psychology, or business, is helpful to find out how the term is used and interpreted globally. Therefore, the researcher performed an electronic search using several scholarly and popular databases. The term *cultural sensitivity* was chosen over the words *cultural competence* or *cultural care*, terms commonly used within nursing, to embrace the broadest audience possible. The decision was made to look for the term within the titles of articles as some databases have more refined search capabilities than others allowing for a systematic search

approach across disciplines. When the keyword *cultural sensitivity* was entered with a date range of 2000 to 2005, the Academic Search Elite database revealed 300 matches. All articles with the words *cultural sensitivity* or *culturally sensitive* in the title were pulled, yielding 18 articles for inclusion. In addition, the Cumulative Index to Nursing & Allied Health Literature (CINAHL) database was searched using *cultural sensitivity* as a keyword only for the year 2000, producing 20 articles with *cultural sensitivity* or *culturally sensitive* in the title. Further searches with a date range of 2000 to 2005 were completed in the Education Resources Information Center (ERIC) database, Social Sciences in ProQuest, and Public Affairs Information Service (PAIS) International database by entering *cultural sensitivity* as a keyword only and selecting articles with *cultural sensitivity* or *culturally sensitive* in the title. Abstracts and headings of these articles were subsequently scanned for substantiality prior to selection. Google was searched using *cultural sensitivity* as a keyword, but with no date range; 7 articles listed within the first four display pages were chosen at random. After these recent literature searches were completed, ERIC and PsychInfo were examined for the earliest uses of the term *cultural sensitivity*, finding six

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Table 1
Summary Table

Database Searched	Number of Articles Reviewed
Academic Search Elite	18
CINAHL	20
ERIC	13
Social Sciences in ProQuest	2
PAIS International	1
PsychInfo	2
Google	7

documents published in the 1960s and 1970s. In this ancestral search, *cultural sensitivity* was required as a keyword only. The combined searches lead to the review and analysis of 63 documents (see Table 1).

Rodgers and Knafl's (2000) techniques of concept analysis were utilized to guide the process. According to Rodgers, the purpose of analysis is "to define the concept of interest in terms of its critical attributes or 'essence'" (Rodgers & Knafl, 2000, p. 77). Rodgers provided the following evolutionary method of concept analysis, noting that the listed activities should not be interpreted as specific steps, as they often occur simultaneously:

1. Identify the concept of interest and associated expressions (including surrogate terms).
2. Identify and select an appropriate realm (setting and sample) for data collection.
3. Collect data relevant to identify
 - a. the attributes of the concept; and
 - b. the contextual basis of the concept, including interdisciplinary, sociocultural, and temporal (antecedent and consequential occurrences) variations.
4. Analyze data regarding the above characteristics of the concept.
5. Identify an exemplar of the concept, if appropriate.
6. Identify implications, hypotheses, and implications for further development of the concept (Rodgers & Knafl, 2000, p. 85).

The nature of the process is heuristic and inductive and should serve as a "foundation for further inquiry and development" (Rodgers & Knafl, 2000, p. 84).

More specifically, in conjunction with Rodgers's method (Rodgers & Knafl, 2000), each article was read and specific keywords and phrases that related to cultural sensitivity were highlighted. These keywords and phrases were placed on a grid with the headings of antecedents, attributes, or consequences. After completion of data entry, the grids were evaluated and words,

phrases, or themes that repeated across the disciplines were clustered together. The clustered words, phrases, and themes were analyzed and consolidated in the development of categories revealing the antecedents, attributes, and consequences.

Findings

Attributes

After synthesizing the data, five major headings that encompassed the attributes were formulated. "Identification of the attributes of the concept represents the primary accomplishment of concept analysis" (Rodgers & Knafl, 2000, p. 91). The following concepts emerged as attributes of cultural sensitivity: knowledge, consideration, understanding, respect, and tailoring.

Knowledge. To achieve cultural sensitivity, one must have knowledge of cultural differences and values (Center for Effective Collaboration and Practice, n.d.; Guidry, 2000; Josipovic, 2000; Kane, 2000; Parfitt, 2004; Percival & Black, 2000; Wasson & Jackson, 2002; Wilson, Baker, Brown-Syed, & Gollup, 2000; Zoucha, 2000). Knowledge is defined as "the range of one's information" (*Merriam-Webster's Dictionary of Law*, 1996). This knowledge can be acquired through training, education, or experience with a culture in a variety of contexts (Chan, Haynes, O'Donnell, Bachino, & Vernon, 2003; Godwin, 2001; Impink, 2002; Lasch, 2000; Morse, 2001; Mugeere, 2000; Murdaugh, Russell, & Sowell, 2000; Sallady, 2004; Warren, Henson, Turner, & O'Neill, 2004). In mental health, "it is important for the counselor to have knowledge of the norms, values, and attitudes of minority clients" (Scorzelli & Reinke-Scorzelli, 2001, p. 91). In reference to special education, one parent notes that if teachers and administrators were properly trained about culture, religion, and communication, children would receive quality education (Zionts, Zionts, Harrison, & Bellinger, 2003). In health care, "nurses need to know and respect the culturally grounded values, beliefs, and practices of clients to ensure safe, quality care and appropriate use of the health care system" (Raines & Morgan, 2000, p. 168). The importance of adequate physician knowledge in relation to cultural sensitivity has led to the imposition of legal mandates ("Institute for International Research," 2005). In the military field, it has been recommended that cultural sensitivity training be added to the basic training curriculum (Holt, 2002). Additionally, in the market of business, cultural training is linked as the key to success ("Local Relationships," 2003).

Consideration. A second attribute, consideration, is defined as “careful thought, deliberation, or taking into account; having concern or caring for others” (*The American Heritage Dictionary of the English Language*, 2000). One’s background, language, and beliefs must be considered initially in order for cultural sensitivity to follow (Al-Krenawi & Graham, 2000; Armstrong, 2003; Cheng, 2000; Skelly et al., 2000; Tobin, Chen, Edwards, & Chan, 2000; Wilson et al., 2000). Parental perceptions of cultural sensitivity are related to the level of consideration of cultural beliefs and values by service providers (Zionts et al., 2003). This theme of consideration and caring is especially prominent in the health care setting. In approaching patients, “the first rule is to avoid cultural stereotyping and to be open, authentic, sensitive, and caring” (Lasch, 2000, p. 20). Considerations of diet, customs and traditions assist in culturally sensitive nursing care (Josipovic, 2000). When working with Hispanic clientele, personalized caring is important (Chan et al., 2003). To medically interview patients, the practitioner should express compassion (Dowdy, 2000). Social workers need to consider acculturation and its effect on families when working with the ethnic Arab client (Al-Krenawi & Graham, 2000). Physical therapists should take into consideration the personal beliefs, practices and needs of patients to provide cultural sensitivity (Bender, 2000). Throughout various perspectives, cultural sensitivity necessitates taking an individual or group’s identity into consideration.

Understanding. A third essential attribute is understanding, and it is defined as “perceiving and comprehending the nature and significance of, or grasping” (*The American Heritage Dictionary of the English Language*, 2000). To provide cultural sensitivity, an individual must understand the effects and importance of another’s values or experiences (Australian Flexible Learning Framework, n.d.; Guberman & Maheu, 2004; Josipovic, 2000; Percival & Black, 2000). Clinicians must attempt to understand their patients as well as convey understanding to them (Ganzer & Ornstein, 2002). “Trying to understand the world without ethnocentric glasses is not easy” (Parfitt, 2004, p. 1.), but necessary. A desire for understanding is a key ingredient in cultural sensitivity (Ethnic Harvest, 2004). “To succeed, one must be understanding of caregiving practices that are different or unfamiliar and be willing to give them a try” (Klinker, n.d., para. 1). Health care providers need to understand their patients’ cultures to tailor their interventions to the patients’ needs (Guidry, 2000). Cultural sensitivity involves understanding from both parents and teachers (Yang & McMullen, 2003). American teachers who do not have sufficient knowledge

about cultural backgrounds may end up misunderstanding students and parents (Yang, McMullen, & Benson, 2003).

Respect. The fourth attribute and a fundamental component of cultural sensitivity is respect (Holt, 2002; Hyun, 2002; Neill, 2000; Raines & Morgan, 2000; Zionts et al., 2003). In this analysis, respect is defined as “willingness to show appreciation or regard” (*The American Heritage Dictionary of the English Language*, 2000). In one study, parents’ perceived level of respect was directly related to how well the school respected one’s cultural beliefs and values (Zionts et al., 2003). Elementary school and college educators are urged to respect the cultural richness of students and incorporate culturally sensitive curricula (Percival & Black, 2000). In addition, “nurses must have an understanding and appreciation of the client’s cultural expectations, [and] respect the client’s needs” (Raines & Morgan, 2000). In dealing with the public, listening respectfully (Klinker, n.d.), and showing respect for one’s culture and language are critical in integrating cultural sensitivity (Ethnic Harvest, 2004). “By developing both respect and acceptance . . . a social and cultural foundation is established for the creation of a unified society” (Godwin, 2001, para. 2).

Tailoring. The fifth and final attribute of cultural sensitivity is tailoring. Tailoring is defined as “to make, alter, or adapt for an individual or group” (*The American Heritage Dictionary of the English Language*, 2000). Along with having the knowledge, consideration, understanding, and respect for an individual, a tailoring or adaptation must take place in an attempt to meet one’s needs and demonstrate cultural sensitivity. The altering or adapting can occur at two levels. First, the individual providing cultural sensitivity must “alter one’s own perspective first, taking into account the perspective of others” (Van Hook, 2000, p. 70). The similar theme of tailoring occurred at the practice level, whereas an intervention is tailored to a client (Harris et al., 2001; Resnicow, Soler, Braithwaite, Ahluwalia, & Butler, 2000; Scorzelli & Reinke-Scorzelli, 2001). Many studies have indicated that tailored interventions are more efficacious than nontailored interventions (Harris et al., 2001). Tailoring can occur through a method of teaching, a way of approaching patients, selecting a treatment, a manner of providing care, the chosen content of military training, or in business planning (Holt, 2002; Jibaja, Sebastian, Kingery, & Holcomb, 2000; Kallstrom, 2000; “Local Relationships,” 2003; Raines & Morgan 2000; Van Hook, 2000; Zoucha, 2000). Across various settings, cultural sensitivity involves tailoring a mindset or action to fit or match the recipient.

Antecedents and Consequences

Additional relevant data to the attributes of cultural sensitivity are the identification of the antecedents and consequences (Rodgers & Knafl, 2000). The antecedents are particularly important as they set the stage for the possibility of employing cultural sensitivity. The first group heading of the antecedents is diversity. Diversity means the differences of individuals from one another and encompasses belief systems, culture, language, religions, values, attitudes, norms, traditions, and barriers (Hugo, 2000; International Federation of Red Cross and Red Crescent Societies, 2005; Ulrey & Amason, 2001; Warren et al., 2004; Zoucha, 2000). The second antecedent is awareness. One needs to first be aware of one's own culture (Lu, Organista, Manzo, Wong, & Phung, 2001; Seibert, Stridh-Igo, & Zimmerman, 2002; Wasson & Jackson, 2002; Zoucha, 2000) and then be aware of differing cultural perspectives (Josipovic, 2000; Van Hook, 2000). The third antecedent is an encounter. To experience cultural sensitivity, one must come into contact with or have an experience with an individual of cultural difference (Akiba & Miller, 2004; Chan et al., 2003; Lasch, 2000).

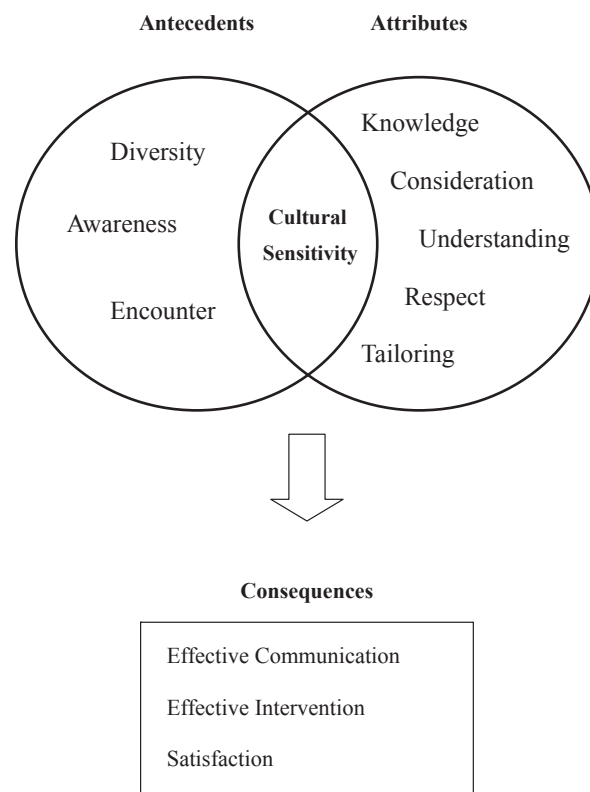
The consequences of cultural sensitivity are constructive or positive in nature, demonstrating its importance in any discipline. The first consequence is effective communication. When cultural sensitivity takes place, the result is effective interaction with the client (Australian Flexible Learning Framework, n.d.; Bauer & Wayne, 2005; Yang & McMullen, 2003; Wasson & Jackson, 2002). Another consequence is that an effective intervention transpires after cultural sensitivity is incorporated. Interventions range from teaching methods to patient care to customer service (Guidry, 2000; Tobin et al., 2000). The third and final consequence is satisfaction. Parents, students, teachers, nurses, and patients alike feel satisfaction when cultural sensitivity is integrated (Raines & Morgan, 2000; Zionts et al., 2003).

Based on the above analysis, the following definition of cultural sensitivity is provided: Cultural sensitivity is employing one's knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others and encountering a diverse group or individual. Cultural sensitivity results in effective communications, effective interventions, and satisfaction (see Figure 1).

Limitations

Although this analysis sheds light onto the current meaning of cultural sensitivity, several limitations exist. First, rigor was compromised by varying search strategies across the disciplines, leading to some inconsistencies procedurally. The researcher did not impose date

Figure 1
Concept Analysis of Cultural Sensitivity.



restrictions to documents found on Google but placed more stringent date restrictions on other databases. Incidentally, most articles pulled from Google were within a 5-year context. Second, some articles were included with the words *culturally sensitive* as opposed to *cultural sensitivity*, which may or may not influence meaning. After the literature was examined, a chasm in business literature was evident. It may have been more representative to search more business-related databases to elicit additional information.

Conclusion

Performing a concept analysis is a genuine and surprising exploration to discover meaning. Language is trendy, and select words and definitions can lend multiple interpretations and, hence, confusion. Concept analyses help us to maintain a grip of clarity and understanding of words, the primary elements of our communication framework. Studying the use of concepts in nursing as well as across various disciplines is worthwhile to understand what we say to each other as nurses, as well as understand

the public perception of the word. The findings of this analysis, including the figure and proposed definition of cultural sensitivity, may serve as an underpinning for theory generation, education, and practice in a multicultural society. In preparing for any culturally sensitive intervention, providers may benefit from recognizing and addressing the identified antecedents and attributes to obtain the positive consequences of cultural sensitivity.

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