Numerous cultural competency models are available for healthcare professionals. Listed below is an overview of several models. Each model is briefly described in terms of its development, the construct of the model, and the use of the model. Although each model is useful, specific characteristics of a model can make it more desirable. As you familiarize yourself with each model, compare and contrast each model. Which models do you like the most? Which models are your least favorite?—Why or why not?

1. **Culhane-Pera Model3**

**Development**

* Adapted from the Bennett Model (6 Developmental Stages)
  + Bennett Model built on Communication theory

**Construct of the Model**

5 Developmental Stages:

* Level 1- No insight on influence of culture on medical care
* Level 2-Minimal emphasis on culture in medical setting
* Level 3-Acceptance of the roles of cultural beliefs, values, and behaviors on health, disease, and treatment
* Level 4-Incorporation of cultural awareness in daily medical practice
* Level 5- Integration of attention to culture into all areas of professional life

**Use of the Model**

* Can be used to determine:
  + Where students are developmentally along the continuum
  + If desired levels of competency have been achieved
    - Use of reflections, assignments, etc.

1. **Campinha-Bacote’s Model4**

**Development**

* Combination of Leininger’s work (transcultural nursing) and Pedersen’s work (multicultural development)

**Assumptions of the Model**

1. Cultural competence is a process, not an event.
2. Cultural competence consists of five constructs: cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.
3. There is more variation within ethnic groups than across ethnic groups (intra-ethnic variation).
4. There is a direct relationship between the level of competence of health care providers and their ability to provide culturally responsive health care services.
5. Cultural competence is an essential component in rendering effective and culturally responsive services to culturally and ethnically diverse clients.

**Construct of the Model**

1. Cultural awareness
2. Cultural knowledge
3. Cultural Skill
4. Cultural Encounters
5. Cultural Desire

**Use of the Model**

* Interdependent relationship between each construct of the model
* All 5 constructs must be addressed and/or experienced
* The intersection of the constructs represents cultural competency

1. **Transnational Competency Theory**5

**Development**

* Builds on research in international relations, development studies, international business, cross-cultural psychology, and intercultural psychology and intercultural communication
* Applicable in health care education settings

**Constructs**

Five Domains:

1. Analytic
2. Emotional
3. Creative
4. Communicative
5. Functional

**Use of the Model**

* All five of the domains must be covered when used for educational purposes

1. **Purnell Model**6

**Development**

* Based on multiple theories
  + organizational, administrative, communication, and family development theories
* Based on multiple forms of research
  + anthropology, sociology, psychology, anatomy and physiology, biology, ecology, nutrition, pharmacology, religion, history, economics, political science, and linguistics

**Construct of the Model**

12 Domains:

1. Overview/heritage 7. Nutrition

2. Communication 8. Pregnancy and Childbearing Practices

3. Family Roles and Organization 9. Death Rituals

4. Workforce Issues 10. Spirituality

5. Biocultural Ecology 11. Health Care Practice

6. High-Risk Behaviors 12. Health Care Practitioner

**Use of the Model**

* Assist in the development of assessment tools, planning strategies, and individualized interventions
* Used for staff development and in academic settings
  + Nurses, nutritionists, physicians, physical therapists, anthropologists, and social workers

1. **Burchum’s Model of Cultural Competency**7

**Development**

* Rodgers Method
* Integrative Review of the literature

**Construct of the Model**

-Cultural Awareness -Cultural Interaction

-Cultural Knowledge -Cultural Skill

-Cultural Understanding -Cultural Competence

-Cultural Sensitivity -Cultural Proficiency

**Use of the Model**

* Cultural competency is a process
  + Manifests and implements all attributes that compose the process.
* Non-linear and expansive process

1. **Ginger and Davidhizar Transcultural Model**8

**Development**

* Builds on Dr. Madeleine Leininger, Dr. Rachel Spector, Orque, Bloch and Monrroy, and Hall

**Construct of the Model**

Each individual should be assessed according to the following:

1. Communication 5. Environmental Control

2. Space 6. Biological Variations

3. Social Organization

4. Time

**Use of the Model**

* Each individual is culturally unique
* Serves as a framework for patient assessment
  + For healthcare professionals to provide culturally sensitive care

1. **The Culture Care Theory: Sunrise Model**9

**Development**

* Focuses on care as central to nursing
* Focuses on culture from an anthropology prospective
  + Essential to understanding the culture of nursing, nursing phenomena, and to develop transcultural nursing

**Construct of the Model**

1. Care 10. Emic

2. Culture 11. Etic

3. Culture Care 12. Health

4. Culture Care Diversity 13. Nursing

5. Culture Care University 14. Culturally Congruent Nursing Care

6. Worldview 15. Culture Care Accommodation

7. Cultural and Social Structure Dimensions 16. Culture Care Re-patterning

8. Environmental Context 17. Culture Care Preservation or

9. Ethnohistory Maintenance

**Use of the Model**

* The Sunrise Model is not the actual theory
  + Places emphasis on areas that need to be examined
* All dimensions of the model must be explored
* It is easier to start with individuals and progress to groups, families, communities, or institutions
  + Individuals new to the model

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