

## Successfully Searching Electronically Available Literature on Cultural Competence in Health Care

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### Abstract

The purposes of this article are (a) to provide user-friendly recommendations for health professionals such as nurses, physicians, social workers, pharmacists, physical, occupational, respiratory, and other therapists, dieticians and other health professionals who are searching for electronically available information about individual and/or organizational cultural competence in health care and related settings; and (b) to offer tips on search strategies that will lead to the information on cultural competence that is being sought for use.

### Keywords

cultural competence, health care, electronic research, search strategies, online health care indexes, online health care databases, healthcare websearch

### Background

Multiple factors are converging at this time in history to heighten societal awareness of cultural similarities and differences among people. In many parts of the world, there is growing sensitivity and responsiveness to cultural rights, social justice for people from diverse backgrounds and the moral imperative to safeguard the civil and health care rights of all people globally (Stanford Center on Poverty and Inequality, 2014). There are hundreds of definitions of cultural competence that have evolved from diverse perspectives, interests, and needs (Douglas, Rosenkoetter, Pacquiao, et al., 2014). Although definitions vary, there is general consensus that cultural competence conceptually can be divided into two major categories: (a) *individual cultural competence*, which refers to the care provided for a patient by one or more nurse, physician, social worker, and/or other health care, education, or social services professional; and (b) *organizational cultural com-*

*petence* which focuses on the collective competencies of the members of an organization and their effectiveness in meeting the diverse needs of their clients, patients, staff, and community (Andrews & Boyle, 2016; Andrews & Collins, 2015; Douglas, Rosenkoetter, Pacquiao, et al., 2014; Ludwig-Beymer, 2016; National Center for Cultural Competence, n.d; Office of Minority Health, 2015).

Individual cultural competence is a complex, dynamic, ongoing, life-long, developmental process, not an end point; it requires self-reflection, intrinsic motivation, and commitment by health professionals to value, respect, and refrain from judging the beliefs, language, interpersonal styles, behaviors, and culturally based, health-related practices of others. Individual cultural competence requires the integration of knowledge, attitudes, values, beliefs, behaviors, skills, practices, and cross-cultural interactions between patients and health professionals that include effective communication and the provision of effective health care that is safe, affordable, accessible, evidence-based, and reflects best practices in meeting the needs of patients from diverse backgrounds (Andrews, 2016; Andrews & Collins, 2015; Andrews, Thompson, Wehbe-Alamah, et al., 2011). The term *diverse* refers to uniqueness in the dimensions of race, ethnicity, national origin, socioeconomic background, age, gender, sexual orientation, philosophical and religious ideology, lifestyle, level of education, literacy, marital status, physical, emotional and psychological ability, political ideology, size, and other characteristics used to compare or categorize people (Andrews & Boyle, 2016). Diversity in health care refers to members of the *inter-professional healthcare team* including patients, their families and significant others, credentialed health professionals such as physicians, nurses, social workers, pharmacists, dieticians, psychologists, physical, occupational, respiratory, and other types of therapists. Other members of the team may include *folk, traditional, and indigenous healers* as well as

*spiritual and religious healers* of various faith traditions (Andrews & Boyle 2016).

*Organizational cultural competence* means that healthcare organizations, agencies, and facilities have the following characteristics: a defined set of values and principles, and demonstration of behaviors, attitudes, policies, and structures that enable them to work effectively cross-culturally; the capacity to value diversity, conduct self-assessments, manage the dynamics of difference, acquire and institutionalize cultural knowledge, and adapt to diversity and the cultural contexts of the communities they serve. Organizational cultural competence entails incorporation of the previously mentioned items in the organization's policy making, administration, practice, research, and service delivery. Developing culturally competent organizations requires the intentional, planned, and systematic involvement of consumers, key stakeholders, and communities (Douglas, Rosenkoetter, Pacquiao, et al., 2014; Ludwig-Beymer, 2016; National Center for Cultural Competence, n.d.). Organizational cultural competence requires effective cross-cultural communication, a diverse workforce, and is provided in a variety of sociocultural, economic, environmental, and other contexts.

Individual and organizational cultural competence are essential strategies for reducing and eliminating nation-specific and global health inequities, a term that is sometimes used interchangeably with *health disparities* in the United States. Health inequities are avoidable differences in the incidence, prevalence, morbidity, and mortality that exists between population groups. Health inequities result from multiple factors such as cumulative social disadvantages of members of groups based on race, ethnicity, national origin, age, gender, socioeconomic status, language, ability/disability, homelessness, and geographic area (e.g., rural versus urban settings).

### Purpose

Given the large number of cultures and sub-cultures in the world, it is impossible for health-care professionals to know everything about them all; however, it is possible to learn about the culturally based, health-related beliefs and practices of patients and other members of the healthcare team most frequently encountered in clinical practice, research, teaching, and administration.

The remainder of this article contains information on successfully searching electronically available literature on subjects related to cultural competence in health care including preparing for a search, identifying credible sources, using online indexes and other health care and related databases, searching websites that support cultural competence, and locating other useful sources of information available electronically.

### Preparing for a Search

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 potential sources of information in this area. However, finding appropriate information at the point of caring for a patient of an unfamiliar culture may not always be so straightforward, so the guidance provided here about where to seek information to support cultural competence in nursing and health care should be very helpful. Tips on searching methods that will lead to information that addresses the patient in question are also provided.

Remember that if health sciences librarians are available, they will frequently be the best place to start, especially if finding information on the issue of interest has already 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 information. In these cases, this article will provide some useful routes to follow in order to successfully find helpful information.

Before beginning a search, it will be useful to pose a few preliminary questions:

- What keywords or subject headings should be used? Selection of search terms can determine the success or failure of any search for information, so spending a little bit of time in advance on this can be productive. However, selecting keywords that do not prove successful to begin with (that is, search terms that do not successfully retrieve the needed information) is a signal to change the keywords being used, not an indication that information on the topic is not available. More information about selecting keywords is included in the section about specific databases below.
- Is the subject being searched appropriately narrow? A search can be narrowed by asking what age group(s), gender, specific cultural group, and disease or health condition is of interest. As an example, obesity is a significant health problem in the United States, but the prevalence of obesity among non-Hispanic Black women is higher than any other group. Rather than searching for “obesity in the United States,” the search can be made considerably more specific (and thus produce fewer and more useful results) by searching for “**obesity African American women united states.**”
- Note, however, that if the search does not produce useful results, it can be helpful to consider less specific terms, or remove some of the search terms; for example, searching “obesity African American” would expand the search results.
  - Also remember to use the appropriate standard subject terms in the database in which you are searching, if subject headings are used in that database (as

in MEDLINE®/PubMed, CINAHL® and PsycINFO®, for which appropriate subject terms are provided below). For example, both PubMed and CINAHL offer a “search filter” to select articles on one gender or the other, to remove the necessity of having to try all the keywords that describe females, for example (“woman”, “women”, “girl,” “girls,” “female”, etc.).

- If standard subject terms are not used in the database being used, try all possible synonyms for a search term; e.g. in the example above, it might be useful to also try searching “**obesity Blacks**” (rather than African American).
  - Remember that the fewer search terms you include, the broader the search results; that is, the more articles you retrieve.
- Data Analysis
- Which databases are most likely to provide useful information on this topic? If there is a database available that focuses on the disease or condition of interest, it would be best to select that database to search initially. For example, if the patient has a mental health condition, PsycINFO® (discussed below) would probably be the best database to use.

### Evaluating Sources

When searching for information to be used to support culturally competent care, establishing the credibility of the information used is important in order to not rely on information supplied by people or organizations whose authority has not been established, because the information may not be accurate, resulting in potentially culturally inappropriate care. Credibility is generally reliable when using information retrieved from recognized professional indexes such as CINAHL and MEDLINE (discussed below), because this information has been evaluated for accuracy by publishers, ed-

itors and many times by peer-review panels (though it is always a good idea to think critically about information being used, no matter how much it has previously been evaluated). 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 before making the information available, the following criteria should be used to evaluate the information:

- **Authority**
  - Is the author or organizational sponsor clearly identified on the web page?
  - Are the credentials of the author stated? Is he/she affiliated with a reputable organization or university? Is it made clear what the author’s area of expertise is?
  - Is contact information for the author or organizational sponsor readily available (typically found at or near the bottom of the web page)?
- **Accuracy**
  - Is a list of sources used by the author provided? (These sources may be useful as background information, in addition to establishing the credibility of the website).
  - Does the information align with information found in scholarly or peer-reviewed publications on the same topic?
  - Is the information well written and free of typographical 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 or advocacy organization, or social or political movement? The URL’s extension (e.g., .com, .org, .gov, or .edu) can help determine wheth-

er the site has an intentional bias or is trying to present objective information. For example, web pages with .com extensions are commercial and may be trying to sell something. Web pages with .org extensions may be political organizations, and also may be selling something, possibly a point of view. Governmental websites (.gov) should be reliable, as should sites sponsored by educational institutions (.edu), but it is always worth taking the time to assess the information being presented, no matter what the URL extension is.

- Are all sides of the story given, or does the information appear to be one-sided?
- **Currency**
  - Does the web page indicate when the information was written or last updated? Typically this information will be provided at or around 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" link for the website that helps to explain the subject coverage?
  - Is the information presented on the website 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 this editing was done?

### **Getting Started: Online Indexes**

Many proprietary online health care databases are available through academic libraries,

hospital libraries and public libraries. These include CINAHL® (the Cumulative Index of Nursing and Allied Health Literature) and MEDLINE®/PubMed. These two databases will be the most comprehensive sources from which to find information on cultural competence; PubMed is the version of Medline that is freely available on the Internet. Also useful will be PsycINFO®; Clinical Key; Health and Wellness Resource Center and Alternative Health Module offered by Gale; Gale's Health Reference Center Academic; Gale's Nursing and Allied Health Collection; Ebsco's Nursing Reference Center; ProQuest Dissertations and Theses Global; ERIC (Education Resources Information Center); and several social services databases.

Because these databases and other online sources must be licensed and paid for by libraries or health care facilities, they are typically only available within the library or health care facility, or by library users or employees of the health care facility who have remote access (e.g. students, staff and faculty at a university library, hospital staff members, or community members with a library card at a public library). If access to the two most comprehensive health care literature indexes, that is, MEDLINE/PubMed or CINAHL®, is available, these databases are the best places to begin a search.

### **CINAHL®**

CINAHL® Complete, offered by the database vendor EBSCO, is the world's most comprehensive nursing and allied health research database, as stated in the help file provided for CINAHL®. It indexes more than 5,200 journals, including the English-language nursing journals and publications from the National League for Nursing and the American Nurses' Association. It also indexes nursing dissertations, some books and book chapters, and selected conference proceedings. Most of the index records for articles in CINAHL® include an abstract. Full text of articles from 1,350 of the journals indexed is available within the database. To ac-

**Table 1. CINAHL® Search Term Suggestions**

<b>Use this CINAHL term</b>	<b><u>In place of these keywords (or concepts)</u></b>
Alternative Therapies	Alternative therapy, alternative medicine
Arabs	Physiological, cultural and social aspects of Arabs or Arab Americans
Asians	Asian Americans, Asian, East Indians, Oriental, Southeast Asians. <b>Try also</b> specific nationalities; e.g. Vietnamese, Thai, Myanmar, Laotians, Koreans, Japanese, Filipinos
Attitude to Health	Attitudes to health, health attitude
Blacks	African Americans
Cultural Competence	Cultural competency; culture 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	Study of a culture's beliefs about nursing care behavior
Hispanics	Hispanic; Hispanic Americans; Latinas, Latinos
International Relations	Relationships between countries and other geographic regions
Jews	Jewish people; Jew
Medicine, African Traditional	Medicine based on the traditions and beliefs of indigenous African people
Medicine, Arabic	Arab medicine; Arabic medicine; traditional medicine of the Arab culture
Medicine, Ayurvedic	Medicine based on Hindu culture
Medicine, Chinese Traditional	Ancient traditional medicine in China, based on yin and yang
Medicine, Herbal	Herbal medicine
Medicine, Latin American Traditional	Medicine based on the customs and beliefs of traditional Latin American culture
Medicine, Native American	Traditional medicine based on the customs, beliefs, and practices of Native American cultures
Medicine, Oriental Traditional	Medicine based on the customs and beliefs of southeast Asian people
Medicine, Tibetan	Tibetan medicine
Medicine, Traditional	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 the inhabitants of the world

quire the full text of articles for which the full text is not available within CINAHL, the library used must either subscribe to the journal that published the article, or offer an interlibrary loan service to its users, allowing them to access articles and books from other libraries.

Sometimes the most difficult part of search-

ing for information on cultural competence in CINAHL® or other indexes can be finding the most appropriate keywords to use in the search. CINAHL®, like many scholarly indexes, uses a thesaurus, or list of standardized search terms that is used to precisely describe the subject of the articles it indexes, and thus make these ar-

ticles searchable in a correspondingly precise way. This thesaurus should be used to find the standard search terms, or CINAHL® headings, for topics within CINAHL®.

For example, if searching for information on African Americans, a search in the list of CINAHL® headings would find 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,” thus eliminating the need to try to think of all possible ways an author might have referred to African Americans. The list of CINAHL® Headings is available to search when using CINAHL® online. Table 1 shows many of the of the CINAHL® headings (in alphabetical order) of interest when looking for information on cultural competence or for information on specific cultures, along with the keywords in place of which these headings would be used. This table can be used as a reference when searching for information on providing culturally competent care.

### Medline®

MEDLINE® “is the U.S. National Library of Medicine’s (NLM) premier bibliographic database that contains over 21 million references to journal articles in life sciences with a concentration on biomedicine” (NLM, 2014). MEDLINE® indexes over 5,600 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® (that is, the 21 million

references to journal articles), is made available for free on the Internet by the National Library of Medicine as PubMed® at [www.pubmed.gov](http://www.pubmed.gov).

In addition, many of the articles indexed in MEDLINE®/PubMed® are freely available in PubMed Central, “in keeping with NLM’s legislative mandate to collect and preserve the biomedical literature” (NLM, 2011). So this can be a very useful source for finding information on cultural competence for those health care professionals 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. This table can be used as a reference when searching in MEDLINE or PubMed for information on culturally competent care.

### PsycINFO®

PsycINFO® is the most comprehensive database indexing resources in the field of psychology and the psychological aspects of related fields such as medicine, psychiatry, nursing and pharmacology, and thus may be a useful source to consult for information to support cultural competence. It is available through several database vendors (EBSCO, ProQuest, Ovid), but access to a library with a subscription to PsycINFO® will be necessary in order to use it. It indexes around 2,500 journals, and also indexes books, book chapters and dissertations in the fields of psychology and psychiatry.

As in MEDLINE® and in CINAHL®, PsycINFO® uses a thesaurus of subject terms to make searching in it as precise as possible. Though searching the database of indexed

**Table 2. MEDLINE®/PubMed MeSH Search Term Suggestions**

<b>Use this MeSH term</b>	<b>In place of these keywords (or concepts)</b>
Acupuncture therapy	Treatment of disease by inserting needles along specific pathways or meridians
African Americans	Blacks
African Continental Ancestry Group	Blacks; individuals whose ancestral origins are in Africa
Arabs	Arab; Palestinian; Palestinians
Asian Americans	Chinese Americans; Japanese Americans; Korean Americans; other Americans of southeast Asian origins
Asian Continental Ancestry Group	Asians; Chinese, Japanese; Koreans; use also for other southeast Asian groups, e.g. Cambodians, Vietnamese, Burmese, Thai, etc.
Attitude to health	Public attitude toward health, disease and the health care system
Complementary Therapies	Alternative medicine; alternative therapies; alternative therapy; complementary medicine; complementary therapy
Cross-cultural comparison	Transcultural study or transcultural studies
Cultural characteristics	Cultural characteristic (aspects that identify a culture)
Cultural competency	Cultural competence; cultural competencies
Culture	Belief or beliefs; cultural background or backgrounds; custom or customs
Delivery of health care	Health care delivery or healthcare delivery; health care system or systems; healthcare system or systems
Drugs, Chinese herbal	Chinese herbal or plant extracts which are used as drugs to treat diseases or promote general well-being
Ethnic groups	Ethnic group; nationalities; nationality
Ethnology	Comparative and theoretical study of a culture; primitive societies; primitive society
European Continental Ancestry Group	Caucasian race or races; Caucasoid race or races; white; whites
Gypsies	Gipsies; Romany; Romanies
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 Inupiats; Kalaallit or Kalaallits
Jews	Jew; Jewish
Medicine, African traditional	African medicine; African witch doctor or doctors
Medicine, Arabic	Arab medicine; Arabic medicine; traditional medicine of the Arab culture
Medicine, Ayurvedic	Hindu medicine; Siddha medicine
Medicine, Chinese traditional	System of traditional medicine based on the beliefs and practices of the Chinese culture
Medicine, East Asian traditional	East Asia medicine; East Asian medicine; Far East medicine; Oriental medicine; Oriental traditional medicine; traditional Far Eastern medicine, traditional Oriental medicines
Medicine, herbal	Herbalism; the study of medicines derived from botanical sources
Medicine, Tibetan traditional	System of traditional medicine based on the beliefs and practices of the Tibetan culture
Medicine, traditional	Ethnomedicine; folk remedy or remedies; folk medicine; home remedy or remedies; indigenous medicine; primitive medicine
Spiritual therapies	Spiritual healing; mystical, religious, or spiritual practices performed for health benefit
Transcultural nursing	Cross-cultural nursing; intercultural nursing; multicultural nursing
World health	International health; information pertaining to the health of the inhabitants of the world

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 about cultural groups and on cultural competence in PsycINFO®, along with keywords or concepts in place of which these terms would be used. Note that the standard subject terms used in PsycINFO may differ from those used in either CINAHL or MEDLINE/PubMed. This table, too, can be used as a reference when searching PsycINFO for information to support culturally competent care.

### Other Health Care Databases

Other health care databases are offered via the Internet and available through (i.e. **paid for by**) libraries, that will be useful for finding information to support cultural competence. These databases focus more on aggregating full text information in a particular subject area (so they may contain journal articles but often also books or book chapters, conference proceedings and dissertations), rather than on comprehensively indexing everything published in a subject area, which is what 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 present a complete picture of the issue being researched. However, these databases contain reliable, valid, full-text information, which frequently is easier to get to than articles for which the citation is available in CINAHL or MEDLINE.

### ClinicalKey

Formerly known as MDConsult, Clinical Key serves as a point-of-care resource to aid in patient care decision making, and thus is available primarily in hospitals, other patient care settings, and medical schools. Clinical Key includes the full text of more than 1,000 medical reference books and of more than 600 medical journals, which may be searched all at once. Its intended audience is physicians, but because culturally competent care in general and information about culturally specific health care concepts and needs are addressed in this resource, it will serve nurses and allied health professionals as well.

### Health & 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 almost 70 journals focusing on complementary and alternative therapies, as well as reference books such as *The Gale Encyclopedia of Alternative and Complementary Medicine*, *The Complementary and Alternative Medicine Information Source Book*, *Legal Status of Traditional Medicine and Complementary/Alternative Medicine*, and *The PDR for Herbal Medicines*. It is a small database when compared to others discussed in this article, but because it offers the full text of most of the articles and other sources in indexes, because of the focus it places on alternative medicine, and because it is made available by many public libraries, it will likely prove to be a useful source for information on some areas of cultural competence and trans-cultural health care.

### Health Reference Center Academic

Health Reference Center Academic, also produced by Gale, provides the full text to more than 1,700 journals, and offers more than 2,500 topical overviews. It is designed for use by

**Table 3. PsycINFO® Search Term Suggestions**

<b>Use this PsycINFO® Thesaurus term</b>	<b>In place of these keywords (or concepts)</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 (American); Indians of North America
Arabs	Arabic; Arabians; Palestinians
Asians	Asian Americans
Blacks	African Americans
Chinese Cultural Groups	Cultural groups in China (use "Asians" for publications from 1982-1996)
Cross cultural communication	Intercultural communication; interethnic communication
Cross cultural differences	Used for comparisons between populations with different psychological, sociological, or cultural mores
Cross cultural psychology	Psychology that studies members of various cultural groups and their specific cultural experiences, resulting in differences in behavior
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
Culture (Anthropological)	Values, norms and beliefs unique to a group of people
Culture bound syndromes	Pathological behavior patterns that are specific to a particular geographic, ethnic, or cultural group; culture specific syndromes
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
Faith healing	Psychic healing; religious or spiritual practices performed for health benefit
Folk medicine	Ethnomedicine; traditional medicine often involving the use of vegetable remedies
Hawaii natives	Native Hawaiians
Inuit	Eskimos
Japanese Cultural Groups	Cultural groups from Japan; ("Asians" should be used for publications from 1982-1996)
Jews	Jew; Jewish ("Judaism" should be used for publications prior to 1997)
Korean Cultural Groups	Cultural groups for North and South Korea ("Asians" should be used for publications from 1982-1996)
Latinos/Latinas	Cuban Americans; Hispanics; Puerto Rican Americans; Spanish Americans
Mexican Americans	Chicanos
Medicinal herbs and plants	Herbs and plants that possess therapeutic qualities when administered as a treatment
Minority groups	Includes ethnic and linguistic minority groups and in/out social groups
Multiculturalism	Biculturalism; cultural pluralism
Pacific Islanders	People of Melanesia, Micronesia, and Polynesia
Racial and ethnic differences	Differences between two or more ethnic groups
Racial and 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
Transcultural psychiatry	Comparative study of mental illness and mental health among various societies or cultures

health care professionals, in addition to students and consumer health researchers with a high level of knowledge. It indexes many peer-reviewed journals, so the level of information in it is highly credible. It contains the full text of the journals that it indexes, and because it is available at many public libraries, it is accessible to those health care professionals who do not have access to a medical library.

### **Nursing and Allied Health Collection**

Nursing and Allied Health Collection, produced by Gale, is an index of approximately 1,000 journals in nursing and the allied health professions, which makes available almost six million full-text articles. Its aim is to make useful patient care information available to nurses, allied health professionals and students in these fields (Gale CENGAGE Learning, 2012) so it will be a good source of information on culturally-competent care for those who have access to it. It is available in many hospital and academic libraries, but many public libraries make it available as well.

### **Nursing Reference Center**

Ebsco's Nursing Reference Center is a point-of-care database for nurses, and is an especially good source for information on culturally competent care and information on specific cultures. It provides access to information from all types of sources, including nursing reference books, nursing journals and the CINAHL® Nursing Guide, which includes more than 2,700 evidence-based care sheets. Theoretical articles on cultural competence are included in this resource, as well as articles that address providing culturally congruent care to patients of specific cultures with particular conditions or diseases. Searching using CINAHL subject terms will work well in this resource.

### **UpToDate**

UpToDate, a favorite point-of-care database among many health care professionals, can be a

good resource for cultural competence. A sample search on "cultural competence" in this databases resulted in an entry called "Cross-cultural Care and Communication," which outlined the importance of patient-centered care, and communicating in a way that kept the patient comfortable, with details specific to a variety of cultural groups. Sample searches on specific cultural groups also resulted in helpful information about the health care needs of those groups. If UpToDate is available, it can certainly serve as a source for reliable information on cultural competence.

### **Lexicomp Online**

Lexicomp Online provides drug information for health care providers including identification, dosage, interactions and compatibility. It provides information on drug actions, dosages, and interactions with other prescription medicines or herbal remedies for people from different racial and ethnic backgrounds when supported by the prescribing information or other primary literature, according to an email from a Lexicomp clinical drug information support staff member. An example of a drug entry in the Lexicomp database with specific information for people of a particular ethnicity is for eltrombopag, (a thrombopoietic agent) which indicates that half the dose usually prescribed for adults is recommended for patients of East Asian ethnicity.

Specific information about the use of drugs in people of particular races and ethnicities may also be found by searching the literature in the major health care indexes (PubMed/MEDLINE and CINAHL) for the name of the drug and the name of the race or ethnicity of interest. For example, a search in CINAHL on "Blacks" AND "hydrochlorothiazide" retrieves articles on the adverse effects that can result when African Americans take the blood pressure medication, hydrochlorothiazide. To find this information, it will be most useful to use the subject headings supplied in this article to search for the racial or

ethnic groups.

See the section on the U.S. Food and Drug Administration under “Websites” below for information on pharmacogenomics, which also may be useful when working with patients of specific races and ethnicities.

### **Natural Medicines**

The Natural Medicines website (<https://naturalmedicines.therapeuticresearch.com>) offers, with a subscription, a searchable database of evidence-based information on herbal remedies and supplements. Its editorial process is rigorous and begins with a literature search in many essential health care databases, including PubMed/Medline and CINAHL (Therapeutic Research Center, 2015). Entries include information on effectiveness, dosing, adverse effects, interactions with drugs and other herbal remedies and mechanism of action. Information on the traditional medicine of some cultures is also included. Patient handouts are available. This database will be very useful as a source of information on herbal remedies and supplements which may be encountered when treating patients of any culture.

### **Other Useful Databases**

The following databases also contain useful information on culture and cultural competence, though they are not strictly health care databases. If health care databases are not available to a health care professional and any of these resources are available, they should be utilized because they might serve to provide the cultural information required for the patient being cared for.

### **ProQuest Dissertations and Theses**

This database 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, an increasing number of dissertations have focused on cultural competence, transcultural nursing, and culturally competent health care organizations and related topics, especially in the past couple decades. A recent search on the subject terms “transcultural nursing” or “cultural competence” produced a list of 488 dissertations/theses in this database.

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

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 particular cultural groups that will be useful to nurses and other health care professionals 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>. As an example, a recent search on the keywords “American Indians and culture and health,” limited to articles for which the full text is freely available, produced a list of more than 200 articles.

### **Social Services and Sociological Databases**

Databases that index and provide access to resources in the fields of social and human services and in sociology are very likely to contain information on the culture of diverse groups and how it influences their health care needs. For example, if ProQuest Social Science Journals, ProQuest Sociology, Social Services Abstracts, or Sociological Abstracts (all provided by the vendor ProQuest), or Social Sciences Abstracts, Social Sciences Full Text, or Social Work Abstracts (all provided by the vendor Ebsco)

are available, they will likely be good sources to search for support in providing culturally competent care. Other databases that provide indexing and access to journals in which the focus is social and human services, if available, could also be beneficial sources on culturally competent care.

### **ScienceDirect**

ScienceDirect is not specifically a health care database; it indexes and provides full-text access to the scientific, technical and medical journals and books published by the company Elsevier. It includes more than 2,500 journals, many of which are medical and other health care journals indexed in PubMed/MEDLINE® and CINAHL®. Thus, since it includes the full text of a subset of the journals indexed in the most important health care indexes worldwide, if it is available at an accessible library, it will certainly be a good source of information to support cultural competence. A recent sample search on the phrase “cultural competence” produced a list of almost 2,500 journal articles, and more than 300 results from the books included in this database.

### **Web of Science**

The Core Collection in Web of Science comprises Science Citation Index and Social Science Citation Index, both of which index publications that potentially will include information to support cultural competence in health care, so this would be a database to look for at an accessible library. The feature of this database that distinguishes it from most others is the convenient ability to connect to all the articles that have cited a particular article. This makes it easy to follow the further research done subsequent to the research done in the initially-found article, and thus find more helpful articles. The availability of full text articles through this database is dependent on the owning library’s journal holdings. A recent search on “cultural competence” and “health care” in the Web of Science

Core Collection retrieved a list of more than a thousand articles.

### **Websites**

Information to support cultural competence will also be found on websites that are publicly available; that is, affiliation with a hospital or university or other type of library will not be required for access to these sites. Below (also included on Table 4) is a list of websites from which to seek information on culturally competent care in general, and 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 cultural group, it is best to go to one of these websites and perform a search for the population in question. Unless otherwise noted, all of these sites offer a search function, thus allowing the searcher to find the precise information needed (assuming it is included within the site). Do not hesitate to consult more than one site to locate the information needed.

### **The National Center for Cultural Competence**

The mission of the National Center for Cultural Competence (<http://nccc.georgetown.edu>) at Georgetown University in Washington D.C. is to “increase the capacity of health care and mental health care programs to design, implement, and evaluate culturally and linguistically competent service delivery systems to address growing diversity, persistent disparities, and to promote health and mental health equity” (National Center for Cultural Competence, n.d.). One of this organization’s highest priorities is improving cultural competence in health care professionals and other health care staff. A sample search on its site retrieved articles and documents discussing cultural competence theory, which included practical examples that will be useful for health care professionals seeking help with a patient care situation. This website is highly recommended as a freely available place

to find information to support cultural competence in the U.S.

### **Office of Minority Health, U.S. Department of Health and Human Services**

The mission of the Office of Minority Health (website: <http://minorityhealth.hhs.gov/>) is to improve “the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities” (Office of Minority Health, 2015). The information available on its website makes it clear that its mission includes promoting a culturally competent approach to patients of all cultures: “Cultural Competency” is one of the website’s top-tier tabs; the office has established the Center for Linguistic and Cultural Competency in Health Care; it has posted the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (known as the “National CLAS Standards”), and help with implementing these standards is available. A search on the site for “cultural competence” yielded many resources on all aspects of cultural competence, from overarching guidelines to articles that provide information for very specific situations, i.e. a document entitled “Competency Guidelines: Sheltering and Mass Care for Muslims” (which also contains generally useful cultural information about the health care of Muslims). This website is highly recommended as a freely available source of information to support cultural competence.

### **Centers for Disease Control and Prevention**

In its mission to protect the health of the American people, the Centers for Disease Control and Prevention pledges to “treat all persons with dignity, honesty, and respect,” (CDC, 2015), which generally indicates a commitment to a culturally competent approach towards patients. The CDC is a well-known source of health information for health care profession-

als, and, as would be expected, a search of its website, at [www.cdc.gov](http://www.cdc.gov), yields many helpful documents on a wide variety of issues in cultural competence, from information in support of the culturally competent approach to a patient in general, to information about specific cultural groups, even quite small groups. This website will also be very useful for providing freely available information in support of cultural competence.

### **The Joint Commission**

The Joint Commission on the Accreditation of Healthcare Organizations at [www.jointcommission.org](http://www.jointcommission.org) put in place patient-centered communication standards, which address cultural competence, in December 2009. The standards were published in the *2011 Comprehensive Accreditation Manual for Hospitals (CAMH)* and compliance with them was required beginning in January 2012 (The Joint Commission, 2015). This website is fully searchable, and provides the language of the standards and support documentation about implementing the standards (particularly a monograph called *Roadmap for Hospitals*, available for free at [http://www.jointcommission.org/roadmap\\_for\\_hospitals](http://www.jointcommission.org/roadmap_for_hospitals)), so it is a good source of helpful information about patient-centered communication and cultural competence. Information about specific cultures is only minimally available on this site, however.

### **National Network of Libraries of Medicine (NN/LM)**

The mission of the National Network of Libraries of Medicine (NN/LM), sponsored by the National Library of Medicine (NLM) is “to advance the progress of medicine and improve the public health by providing all U.S. health professionals with equal access to biomedical information” (National Network of Libraries of Medicine, 2012). Its website (<http://nnlm.gov>), provides some access to cultural competency resources, so will be worth searching. A recent

search on the site proved particularly useful for, though not limited to, finding information regarding the care of lesbian, gay, bisexual and transgender people, including a link to a manual for training health care staff on LGBT health care (at [www.cancer-network.org/downloads/best\\_practices.pdf](http://www.cancer-network.org/downloads/best_practices.pdf))

### EthnoMed

This very useful site's (<http://ethnomed.org>) stated purpose 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, 2015). Jointly sponsored by the University of Washington and the Harborview Medical Center in Seattle, content on the site is reviewed not only by health care providers for accuracy but also by local members of ethnic communities to ensure quality of cultural information (EthnoMed, 2015). The site focuses on providing thorough information about smaller immigrant populations in the United States (especially those found in the Seattle area), for example Eritrean, Hmong, and Somali. For larger cultural groups in the U.S., like Hispanics, the site provides links to other websites that contain appropriate and helpful

information.

### Indian Health Service

The website of the Indian Health Service (IHS) at <http://www.ihs.gov>, within the Department of Health and Human Services, provides information about the organization's services for clients and for employees of the IHS. Its stated goal, "to assure that comprehensive, culturally acceptable personal and public health services are available and accessible to American Indian and Native Alaskan people" (Indian Health Service, 2015), indicates that it is likely to offer useful information to support culturally congruent care to Native Americans and Alaskans. Indeed, a sample search of the site on "cultural competence" reveals that this organization has devoted substantial time and resources to educating its employees about cultural details and to encouraging appropriate behavior in the patient encounter. It is thus highly recommended as a source when in need of information to support culturally appropriate care for these cultural groups.

### U.S. Food and Drug Administration (FDA)

The FDA provides at its website ([www.fda.gov](http://www.fda.gov)) a "Table of Pharmacogenomic Biomarkers

**Table 4. Recommended Websites for Information on Cultural Competence**

Website Name	URL
National Center for Cultural Competence	<a href="http://nccc.georgetown.edu">http://nccc.georgetown.edu</a>
Office of Minority Health, U.S. Department of Health and Human Services	<a href="http://minorityhealth.hhs.gov/">http://minorityhealth.hhs.gov/</a>
Centers for Disease Control	<a href="http://www.cdc.gov">http://www.cdc.gov</a>
The Joint Commission	<a href="http://www.jointcommission.org">www.jointcommission.org</a>
National Network of Libraries of Medicine (NN/LM)	<a href="http://nnlm.gov">http://nnlm.gov</a>
Ethnomed	<a href="http://ethnomed.org">http://ethnomed.org</a>
Indian Health Service	<a href="http://www.ihs.gov">http://www.ihs.gov</a>
U.S. Food and Drug Administration	<a href="http://www.fda.gov">http://www.fda.gov</a>

in Drug Labeling” (may be found by searching “pharmacogenomics biomarkers” on FDA’s website). This table lists FDA-approved drugs for which pharmacogenomic information is included in the label. Since some biomarkers may be seen more prevalently in specific races or ethnicities, this table may be helpful when considering prescribing drugs for patients of these races or ethnicities.

Numerous other websites offer information to support cultural competence in health care. When searching the Internet at large for this information, it may be useful to enter the word “directory” or the word “database” as a search term in addition to the keywords entered to describe the actual subject, e.g. “Hispanic health care and directory.” This can serve to find directories or databases of information that have been made freely available on the web, but for which the content of the directory or database might not be retrieved with a Google search. 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 searching Google Scholar, available at [scholar.google.com](http://scholar.google.com). This type of Google search limits information retrieved to scholarly articles, books, theses and other scholarly resources. The full text of the articles for which the citations are retrieved with Google Scholar is sometimes, but not always, available without an affiliation to a library that has the articles in its collection.

### **Conclusion**

It is clear that there is an abundance of information about cultural competence available electronically to health care professionals, both within proprietary databases, and at websites that make their information freely available on the Internet. This article provides information about finding the resources needed to build and develop knowledge about culturally competent health care, and in turn provide that care.

This is not a comprehensive list, however, and while the authors made every effort to pro-

vide information about websites and databases that should prove most useful when beginning a search for sources on culturally competent health care, none of the specific websites discussed were exhaustively evaluated for accuracy, validity, reliability or cultural sensitivity. All sources of information should be critically evaluated (see guidelines for evaluating information in the Evaluating Sources section above) before using the information contained therein.

Once again, do not hesitate to ask for assistance from a health sciences librarian or other available librarian. They are usually happy to help.

## References

- Andrews, M. M. (2016). Cultural competence in nursing care. In M. M. Andrews & J. S. Boyle (Eds). *Transcultural concepts in nursing care*, 7th ed. (pp. 30-54). Philadelphia: Wolters Kluwer/Lippincott, Williams & Wilkins.
- Andrews, M. M. & Boyle, J. S. (2016). Theoretical foundations of transcultural nursing. In M. M. Andrews & J. S. Boyle (Eds). *Transcultural concepts in nursing care*, 7th ed. (pp. 2-29). Philadelphia: Wolters Kluwer/Lippincott, Williams & Wilkins.
- Andrews, M. M., & Collins, J. W. (2015). Using Leininger's theory as the organizing framework for a federal project on cultural competence. In M. R. McFarland & H. B. Wehbe-Alamah (Eds.), *Leininger's culture care diversity and universality: A worldwide nursing theory* (pp. 537-582). Burlington, MA: Jones and Bartlett Learning.
- Andrews, M., Thompson, T., Wehbe-Alamah, H., McFarland, M. R., Hasenau, S., Horn, B., Leuning, C., Miller, J., & Vint, P. (2011). Developing a culturally competent workforce through collaborative partnerships. *Journal of Transcultural Nursing*, 22(3), 300-306.
- Douglas, M. K., Rosenkoetter, M., Pacquiao, D. F., Callister, L. C., Hattar-Pollara, M., Lauderdale, J., & Purnell, L. (2014). Guidelines for implementing culturally competent nursing care. *Journal of Transcultural Nursing*, 25(2), pp. 109-121.
- EthnoMed. (2015). *About EthnoMed*. Retrieved from [www.ethnomed.org/about](http://www.ethnomed.org/about)
- Gale CENGAGE Learning. (2012). *About Nursing & Allied Health Collection*. Retrieved from [http://www.gale.cengage.com/pdf/facts/it\\_nursing.pdf](http://www.gale.cengage.com/pdf/facts/it_nursing.pdf)
- Indian Health Service. (2015). *About IHS*. Retrieved from [www.ihs.gov/aboutihs/](http://www.ihs.gov/aboutihs/)
- Ludwig-Beymer, P. A. (2016). Creating culturally competent health care organizations. In M. M. Andrews & J. S. Boyle (Eds). *Transcultural concepts in nursing care*, 7th ed. (pp. 242-271). Philadelphia: Wolters Kluwer/Lippincott, Williams & Wilkins.
- National Center for Cultural Competence. (n. d.). *Welcome page*. Retrieved from <http://nccc.georgetown.edu/>
- National Institutes of Health. U.S. National Library of Medicine (NLM). (2014). *Fact Sheet: PubMed®: MEDLINE®*. Retrieval on the World Wide Web. Retrieved from <http://www.nlm.nih.gov/pubs/factsheets/pubmed.html>
- National Institutes of Health. U.S. National Library of Medicine (NLM). PubMed Central. (2011). *PMC Overview*. Retrieved from <http://www.ncbi.nlm.nih.gov/pmc/about/intro>
- National Network of Libraries of Medicine. (2012). *About the National Network of Libraries of Medicine*. Retrieved from <http://nnlm.gov/about/>
- Office of Minority Health. (2015). *About the Office of Minority Health*. Retrieved from <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=1&lvlid=1>
- Stanford Center on Poverty and Inequality. (2014). *Executive Summary. Poverty and inequality report. National report card*. Stanford, CA: Stanford University, pp. 1-7.
- Therapeutic Research Center. (2015). *Natural Medicines. Research Methodology*. Retrieved from <https://naturalmedicines.therapeuticresearch.com/about-us/research-methodology.aspx>

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Cross-cultural health care is about Caucasian practitioners Cultural competence is about being confident in oneself and Conclusions. Acknowledgments. References. As we educators in the health professions develop and implement cultural competence training, we face the question of how to evaluate these initiatives. Despite decades of research on cultural competence and the development of numerous measures, it seems that we are still far from establishing valid measures to assess how well practitioners and trainees work across social and cultural differences. In this report, we (1) identify the measures of cultural competence most widely used within the health professions, and (2) examine the understandings of cultural competence that these measures embody. competency in health care is the ability to recognize and understand cultural distinctions, address unconscious/conscious bias, and adapt care delivery and services to meet individuals' unique social, cultural, and language needs. Cultural. Market trends exacerbating health disparities The health care market is changing rapidly, and there is potential that certain trends will have a more adverse effect on minority populations. These trends include: Rising health care costs that impact individuals' ability to afford care, particularly those who are uninsured or.