

Exploring the concept of *cultural humility* in health and social care

A scoping review with concept analysis

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Background

- *Cultural humility* - first introduced into medical training in 1998 by two American physicians⁹ in response to greater ethnic diversity amongst patients requiring enhanced cultural sensitivity
- Driven by the recognition that clinicians' cultural competency may reinforce and perpetuate social stereotypes, prejudices and biases, there has been a shift in focus from *competency* (or mastery) to *humility* (becoming other-orientated)
- In the USA, cultural humility plays a vital role in addressing racial discrimination, clinicians' implicit biases, and inequity in access to health care resulting in care provision which is more culturally appropriate
- In Australia, Canada, and New Zealand focus is on cultural safety and sensitivity, and in the UK emphasis is placed on competency and multiculturalism in the delivery of inclusive and equitable health care

Aim and Objectives

- To identify types of available evidence on cultural humility in the broad context of health and social care
- Articulate the defining attributes of cultural humility to present a current understanding and interpretation

Methods

- **Scoping Review** - broad search of literature conducted between January 2023 and October 2023, guided by the Joanna Briggs Institute (JBI)[†] framework:
 - 3132 records identified from 8 databases & 10 from other sources
 - 2012 records screened (TITLE only)
 - 86 full text sources assessed for eligibility (TITLE & ABSTRACT)
 - 41 sources included in scoping review
- **Concept Analysis** using the Rodgers Evolutionary Method - an approach used to clarify/ define a concept by identifying constituent parts and related elements

Findings

- The concept analysis identified, defined, and grouped attributes into four categories: represented as a **quartet of domains**
- No universally accepted definition - Tervalon & Murray-Garcia's interpretation is the most widely cited⁹
- Interpretation often influenced by practice discipline:
 - medicine/ nursing/ psychology & counselling/ social work
- Context and longevity contribute to the concept's theoretical development and understanding

Conclusion

- The literature suggests cultural humility is a process-orientated practice or framework
- The cornerstone to the concept's practice is widely understood to be a clinician's humility
- In the context of this scoping review and concept analysis the four domains rarely exist independent of each other
- Further research into the practical use of cultural humility in clinical practice, alongside the development of approaches to encourage cultural humility at the collective and organizational level are recommended

the 'SELF'

- individual or intrapersonal attributes

with 'OTHERS'

- collective or interpersonal attributes

Cultural Humility QUARTET

the 'BEING'

- the intrinsic nature (or essence) of the concept

the 'FEELING'

- aspirational principles or values

References:

[†] Peters, M.D.J., Godfrey, C., McInerney, P., Munn, Z., Tricco, A.C., & Khalil, H. Scoping Reviews (2020). Aromataris, E., Lockwood, C., Porritt, K., Pilla, B., & Jordan, Z., (Eds.). *JBI Manual for Evidence Synthesis*. JBI: 2024.

⁹ Tervalon, M., & Murray-Garcia, J. (1998). Cultural humility versus cultural competence: a critical distinction in defining physician training outcomes in multicultural education. *Journal of Health Care for the Poor and Underserved*, 9(2), 117-125



Poster No: 337

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