REVIEW AND DISCUSSION PAPERS

# Intra-professional cultural competence: Exploring a strategy to support Australia's culturally and linguistically diverse nursing workforce


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## ABSTRACT

**Objective:** The objective of this study is to provide a possible strategy to enhance professional integration through education relating to a new concept: Intra-Professional Cultural Competence (IPCC). This concept primarily focuses on the interactions between nurses within the workplace.

**Background:** Australia's nursing workforce is starting to reflect the nation's diverse population. In 2022, 43% of the nursing workforce were born overseas, with 22% being internationally qualified nurses and 21% locally qualified, but overseas-born. As a result, up to 43% of the workforce may be culturally and linguistically diverse. Locally qualified, overseas-born nurses may be first-generation migrants or international students who have remained working in Australia after graduation. The latter group has been steadily rising. These three groups of nurses (overseas-born first-generation immigrants, international nursing graduates and internationally qualified nurses) may face similar challenges integrating into the workforce. Among the most frequently mentioned challenges for international students and internationally qualified nurses are language barriers, differences in communication patterns, and situations related to racism, discrimination, bullying, and harassment.

**Study design and methods:** This article is structured as a discussion paper, grounded in research, and backed by relevant literature.

**Results:** This paper defines IPCC as: "A set of congruent behaviours and attitudes that enable professionals to work respectfully and effectively in cross-cultural situations". IPCC involves four main domains: a) mutual collaboration, b) the prevention of racism, discrimination, bullying, and harassment among nurses, c) respect of values, attitudes, and beliefs of colleagues that may differ across cultures, and d) appropriate responses to cross-cultural interactions with colleagues.

**Discussion:** The descriptor "cultural competence" was deliberately chosen over alternatives like "cultural safety" or "cultural humility", recognising that these concepts mainly focus on the power dynamics between healthcare providers and patients, which may not always apply to interactions between healthcare professionals. "Competence" suggests having the skills, knowledge, and abilities necessary for effective role fulfilment that could be developed through training and skill acquisition. Consequently, IPCC refers to the essential skills, knowledge, and abilities required to engage respectfully and effectively in cross-cultural interactions with other nurses.

**Conclusion:** The relevance of this paper lies in identifying the growing proportions of both overseas-born, locally qualified nurses and internationally qualified nurses. Mutual collaboration and communication are essential to prevent incidents related to racism, discrimination, bullying, and harassment, while also fostering team cohesion, well-being, job satisfaction, and retention. Clear communication is crucial for maintaining quality care, ensuring patient safety, and preventing fatalities. This is particularly important in multicultural teams, such as those commonly found in Australia, where a growing number of nurses may not speak English as their first language.

**Implications for research, policy, and practice:** With 43% of nurses being born overseas, the persistence of racism, discrimination, bullying, and harassment within clinical settings highlights the gap between existing regulations and their enforcement. Intra-professional cultural competence could positively influence communication, teamwork, and mutual respect within nursing, potentially reducing racism, discrimination, bullying, and harassment, improving nurse retention, and overall quality of care. Strengthening IPCC frameworks at institutional, national, and clinical levels and incorporating them into orientation programs and continuous professional education could serve as an effective strategy to address these issues.

**What is already known about the topic?**

- Overseas-born first-generation immigrants, international nursing students, and internationally qualified nurses often encounter similar challenges when integrating into the workforce.
- Common issues for international students and internationally qualified nurses include language barriers, differences in communication styles, and experiences of racism, discrimination, bullying, and harassment.

**What this paper adds**

- In 2022, about 43% of the Australian nursing workforce was born overseas, underlining the cultural diversity and significant need to address racism and discrimination in the sector.
- The concept of intra-professional cultural competence is presented as one strategy to address conduct and behaviour related to racism, discrimination, bullying, and harassment in nursing practice.
- A means of aiding retention of internationally qualified nurses and locally qualified overseas-born nurses may be by increasing Intra-professional Cultural Competence in the practice environment.

**Keywords:** Culturally and linguistically diverse nursing workforce, intra-professional cultural competence, cultural competence, internationally qualified nurses, healthcare workforce.

## BACKGROUND

Australia's population is highly culturally diverse, with nearly half (48%) having at least one parent born overseas and a substantial 28% being first-generation immigrants.[1] This diverse demographic landscape is starting to be mirrored in the composition of the nursing workforce.

The surge in diversity within the nursing workforce can be attributed to various factors, with the primary drivers being the diversity in Australia, the active recruitment of internationally qualified nurses, and the influx of international students into undergraduate nursing programs. An analysis of the Australian Government Department of Health and Aged Care (DOHA) Nurses and Midwives dashboard between the period 2016- 2022,[2] shows that there has been a steady increase in the number of nurses who obtained their initial qualification (Bachelor of Nursing to become a Registered Nurse) in Australia but were born overseas. This group of nurses consists of first-generation migrants who were born overseas but became permanent residents or citizens by the time they pursued their nursing studies, as well as international students who may hold various visa statuses that allow them to work in Australia. The percentage of overseas-born, locally qualified nurses increased from 16% in 2016 to 21% of the total workforce in 2022. The DOHA Nurses and Midwives dashboard also shows that 22% of the RNs in the total Australian nursing workforce are internationally qualified nurses.[2] Internationally qualified

nurses are those who obtained their initial qualification overseas and are registered to practice in Australia. While standard measures for calculating the culturally and linguistically diverse (CALD) population utilised country of birth as a proxy measure,[2] for the purposes of this study, we have added the number of internationally qualified nurses and overseas-born locally qualified nurses to conclude that 43% of the Australian nursing workforce was born overseas in 2022. In 2016, this percentage was only 38%, indicating a steady growth trend from 2016 to 2022. This trend has significant implications for the continued diversification of the nursing workforce.

To further understand the CALD nursing workforce in Australia, an analysis of the Organisation for Economic Cooperation and Development (OECD) Health Workforce dashboard provides interesting insights.[3] The data establish that in 2021, the main countries of origin of nurses in Australia were India (23.5%), the UK (22.8%), the Philippines (18.9%), and New Zealand (10.6%), altogether comprising a substantial proportion of the internationally qualified nursing (IQN) workforce (65%). Significantly, these four countries all have English as one of their official languages. Thus, for these nurses, the language barrier may not be an issue, although cultural issues may still arise. Other countries of initial qualification of internationally qualified nurses in 2021 include Ireland (2.8%), China (2.4%), Zimbabwe (2.1%) and the United States (1%), highlighting the diversity of nationalities within the nursing workforce.

For overseas-born, locally qualified nurses, information about their visa type or residency status is not available, making it impossible to disaggregate this data. Regarding international students, there has been a substantial rise in their enrolment across all sectors in Australia. There has been a 34% increase between the period comprising January to July 2022 and 2023.[4] The primary source countries for these students include China (21%), India (17%), Nepal (8%), and Colombia (5%), encompassing various educational levels such as English courses, Vocational Education and Training, and all university levels. There has also been an increase in the enrolment of international nursing students. In 2021, 17, 112 students graduated with a Bachelor of Nursing (BN), and 22% of these graduates were international students.[5]

It is possible to identify many factors that may contribute to the continuous rise in the number of both international nursing students and internationally qualified nurses. These include Australia's migration history, the Skills Migration Program policy,[6] and the availability of clear information for nursing registration.[7] Additionally, research has identified pull factors, frequently cited by internationally qualified nurses in Australia, such as improved working conditions,[8] higher income,[8-12] and a sense of workplace and societal safety (8–12). Consequently, it can be inferred that the immigration of international nursing students and internationally qualified nurses will continue to increase in the coming decades. Therefore, Australian nursing educational programs and workplaces need to develop a range of strategies to ensure the successful professional integration of these nurses.

## OBJECTIVE

The aim of this study is to propose a potential strategy for improving professional integration by introducing education around a new concept: Intra-professional Cultural Competence. This term primarily addresses the interactions between nurses within the workplace.

## STUDY DESIGN AND METHODS

This discussion paper is grounded in research and backed by relevant literature.

## IMPLICATIONS FOR PROFESSIONAL INTEGRATION

In 2022, overseas-born locally qualified nurses and internationally qualified nurses made up 43 per cent of Australia's nursing workforce, highlighting the profession's substantial cultural and linguistic diversity and the need for deliberate cultural integration across practice, education, and regulation.

The literature reveals that both international nursing students,[13-19] and internationally qualified nurses,[21-31] have reported facing numerous cultural and linguistic challenges as they navigate their professional integration into the Australian workforce. It is likely that locally trained nursing students who are first-generation immigrants and were born overseas experience similar challenges.

Research focusing on international nursing students in Australia has identified key hurdles faced in clinical settings that prevent them from fully participating in clinical placements. For instance, some international nursing students experience communication barriers, including speaking and understanding English (rather than writing or reading),[13] mastering colloquialisms and clinical jargon, and softening their accent while communicating in English.[13-16] Other challenges identified by educators include differences in communication styles and difficulties with being assertive.[14] Additionally, a need to address differences in cultural norms and body language,[14,15,17] difficulties in developing interpersonal interactions with patients and peers,[14] and problems in developing a sense of belonging,[16] have also been identified.

International nursing students also face challenges in clinical settings related to bullying, racism, and discrimination. Some of these instances involve direct confrontation, such as public humiliation or verbal abuse.[13,18,19] In other cases, students are prevented from providing full patient care

or denied valuable learning opportunities, preventing them from growing into their professional role.[13,18,19] Reports of physical aggression have also been noted.[19,20] Others described instances of racism and discrimination as being indirect and subtle.[13,18,19] Racism, discrimination, and bullying may come from clinical educators, clinical placement staff (RNs, ENs, Assistant in Nursing), patients or visitors, or other nursing students.[13,18,20] Discrimination can also originate from staff of different racial backgrounds, often based on perceived conflicts between their home countries.[13]

It is also known that internationally qualified nurses encounter individual and social obstacles as they integrate professionally into the Australian workforce.[21] Obstacles include psychological adjustment to acculturation,[22-28] and communication barriers, including language proficiency.[23,24,26-28]

At the social level, internationally qualified nurses also deal with a wide range of issues. These can be related to: the scope of practice and differences in their roles as nurses,[23,26,28] inadequate support and incomplete induction programs,[23,25,26,28-31] failure to acknowledge their previous qualifications and experiences,[23-27,29] and instances of racism, discrimination, bullying, and harassment.[22,23,25,26,29-31] The sources of racism, discrimination, bullying, and harassment may come from other colleagues, clinical team members, patients, or visitors.[22,25,26,29,30] These behaviours can manifest in the form of limited opportunities for professional development, insubordination or open confrontation,[25] and oppositional interactions with colleagues, or marginalisation from non-professional activities or conversations.[32]

The challenges faced by both these groups, international nursing students and internationally qualified nurses, have the potential to hinder their integration into the Australian nursing workforce by affecting nursing relationships, communication, work satisfaction, and retention, consequently impacting the overall quality of care.[33-35] These challenges may be similar to those faced by overseas-born, locally qualified nurses who are first-generation immigrants. Taking into account the range of backgrounds represented in the Australian workforce previously shown, it is imperative to implement actions that enhance the retention and support of this heterogeneous workforce.

Situations linked to racism, discrimination, bullying, and harassment can have devastating effects on the mental and physical health of nurses, as well as on organisational effectiveness. Psychological effects include depression,[33] emotional stress, vulnerability, frustration, and burnout,[34] all of which can impair job performance and the ability to provide high- quality nursing care.[33-35] Physical effects may manifest as headaches, tachycardia, fatigue, sleep disorders, pseudo-neurological symptoms, and gastrointestinal issues.[34] Regarding the organisation, behaviours related to racism, discrimination, bullying, and harassment exacerbate intentions to leave, leading to decreased retention rates, lower job satisfaction, productivity, and commitment, as well as increased errors that impact quality of care and patient safety.[34] A national consultation in Australia revealed that 28% of CALD nurses reported experiencing racism.[36]

The global shortage of RNs has intensified, particularly in high-income countries like Australia, prompting a reliance on the recruitment and retention of internationally qualified nurses to address workforce gaps.[37-38] Several factors contribute to the escalating demand for nurses in high-income countries, including demographic shifts and rising health care quality standards. These countries are experiencing significant demographic changes, characterised by declining birth rates, increased life expectancy, and an ageing population, including within the nursing workforce itself.[39] In addition, enhanced standards such as lower patients-per-nurse ratios,[40] improved nurse-to-patient ratios,[41,42] and the expanding scope of specialised nursing care have further increased the demand for nursing professionals.[39] Despite Australia having a relatively high number of nurses per 1,000 inhabitants (12.8 in 2021), a shortfall of 128,499 nurses is projected by 2030.[43] Given the current nursing shortage, increasing the number of international nursing students and attracting internationally qualified nurses to the Australian workforce has become an imperative.[6] We turn now to consider whether implementing intra-professional cultural competence may be instrumental in addressing the problems of racism and discrimination and/or bullying and harassment, and recruitment and retention.

## FROM CULTURAL COMPETENCE TO INTRA-PROFESSIONAL CULTURAL COMPETENCE

Cultural competence in nursing is a well -understood concept.[44-48] Since it was first mentioned by Madeleine Leininger in the 1970s, the nursing profession has included it in its curriculum.[49,50] The focus has been to improve the possession of suitable skills, knowledge, or abilities needed to perform a task or fulfil a role effectively. Research has shown that training in cultural competence impacts positively on increasing the knowledge, awareness and sensitivity of practitioners,[51-53] and has positive effects on patients' satisfaction and trust.[53-55] However, the literature and regulatory documents usually (although not always) refer to the relationships between nurses and their patients and families, rather than peer- to- peer relationships.[56] It is for this reason that the authors have modified the definition of cultural competence outlined by Cross et al. (1989) and developed the concept of Intra-professional Cultural Competence as a tool that might positively influence relationships between professional colleagues.[56,57]

This definition of intra-professional cultural competence predominantly addresses the interactions among nurses within the workplace, and it could be similarly applicable to other professionals occupying comparable positions of relatively equal authority. The concept of "cultural competence" was intentionally chosen over other alternatives like "cultural safety" or "cultural humility". This decision was based on the acknowledgment that concepts like "cultural safety" or "cultural humility" primarily address power dynamics between healthcare providers and patients, that do not always apply to interactions between healthcare professionals themselves. These interactions typically occur within clinical or professional settings and are different from those occurring in clinical encounters.

For instance, the concept of "cultural humility" was introduced by Tervalon and Murray-García (1998) to be used in medical education to address the possible power imbalance between healthcare professionals and patients or students during clinical encounters. Cultural humility is defined as "a lifelong commitment to self-evaluation and critique, to redressing power imbalances … and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations".[58(p123)] Openness, self-awareness, egoless, supportive interactions, and self-reflection and critique were defined as the attributes of cultural humility.[59] It is also acknowledged as a lifelong learning process that demands personal transformation and a dedication to continuous reflection and self-assessment of personal actions.[60] The concept of cultural humility was later clarified, defining it as a process of self-reflection to understand personal and systemic biases and privilege.[61] The framework aimed to aid healthcare professionals in recognising situations where they exert authority over their patients or students and to promote the adoption of traits such as openness, self-awareness, humility, and adaptability.

There is no agreement about the use of the concepts of cultural humility and cultural competence. While some authors consider cultural humility a more comprehensive and superior approach,[62,63] other views that cultural humility is a component of cultural competence,[64,65] or a complement of it ("*competemility*").[66,68] Although the cultural competence framework has faced some criticism, most of the concerns are centred around its application in the delivery of care.[63,68,69] One criticism is based on the idea that cultural competence is a static concept.[70,71] Another critique is related to the possible risk of stereotyping or stigmatising patients by health care professionals.[63,69,72] However, numerous authors have contributed to the definition and evolution of the concept. Some scholars argue that cultural competence is a continuous, ever-evolving process, rather than a fixed achievement.[72,74] Cultural competence has also been described as a complex educational process involving cognitive, practical, and emotional aspects, where confidence and transcultural skills are vital.[75]

For the purposes of this and previous papers, intra-professional cultural competence is defined as: "A set of congruent behaviours and attitudes that enable professionals to work respectfully and effectively in cross-cultural situations".[56(p18)] Arising from the literature surrounding definitions of cultural competence and applying these to intra-professional cultural competence, the concept of intra-professional cultural competence involves four main domains: a) mutual collaboration and professional relationships; b) the prevention of racism and discrimination among nurses; c) respect for values, attitudes and beliefs of colleagues that may differ across cultures; and d) an appropriate response to cross- cultural interactions with colleagues.

Mutual collaboration and professional relationships in nursing are associated with elements such as job satisfaction and staff retention,[76] delivering high-quality care,[77,78] and enhancing team cohesion, a positive work environment, and well-being.[78] Maintaining clear communication is significantly important in the nursing role for preserving quality care, ensuring patient safety, and preventing patient fatalities.[79] But it is specifically important in multicultural teams, such as those commonly found in the Australian nursing workforce. The literature in the Australian clinical setting indicates that interactions between locally qualified nurses and internationally qualified nurses are typically short, focused on tasks, and often lacking in casual or interpersonal aspects, regardless of their English proficiency.[25,26,29,30,80]

The prevention of situations linked to racism, discrimination, bullying, and harassment could be linked to strengthening the respect for values, attitudes and beliefs of colleagues that may differ across cultures and also to managing appropriate responses to cross-cultural interactions with colleagues. Boosting intra-professional cultural competence could foster greater mutual collaboration through the sharing of knowledge and skills and improving communication, especially among nurses whose first language is not English.

The concept of "competence" implies having the necessary skills, knowledge, or abilities required for effective task performance or role fulfilment. Being "competent" encompasses a broader spectrum of overall capability and suitability for a specific purpose or role. Competence can be developed through training and the acquisition of skills. Intra-professional cultural competence would provide the basic skills, knowledge, and abilities to perform respectfully and effectively in cross-cultural situations with other nurses. The emphasis on the concept of 'basic' underscores its significance as a starting point or minimum requirement for professionals who may not engage in lifelong self-reflection processes but are nonetheless required to work in multicultural teams. In nursing, neglecting intra-professional cultural competence in relationships with colleagues can lead to adverse consequences for patients and missed nursing

care.[81, 82] Therefore, intra-professional cultural competence should be regarded as a foundational standard rather than solely relying on individual qualities.

## RECOMMENDATIONS FOR REGULATORY BODIES, EDUCATIONAL PROVIDERS AND HEALTHCARE ORGANISATIONS

Improving the inclusivity of the nursing work environment is an ethical obligation that requires coordinated action at individual, organisational, and collective levels. Achieving inclusive workplaces depends on the commitment of all stakeholders, for example, regulatory bodies, educational providers and healthcare organisations. In this context, recognising and strengthening intra-professional cultural competence within nursing practice has the potential to play a critical role.

Regarding nursing regulations, elements of this inclusive approach are reflected in some Australian documents, most notably the Nursing and Midwifery Board of Australia (NMBA) Code of Conduct.[83] However, the elements of intra-professional cultural competence are not made explicit in other key regulatory frameworks, such as the NMBA Registered Nurse Standards for Practice[84] or the Australian Nursing and Midwifery Accreditation Council (ANMAC) Accreditation Standards.[85] At the same time, there is a need to address the variability in how nursing curricula address these issues in relation to education providers during the accreditation process.

With regard to the incorporation of IQNs into the Australian workforce and local context, additional content on intra-professional cultural competence could be integrated into existing orientation modules. Currently, IQNs are required to complete two orientation modules designed to introduce them to the Australian health care system.[86, 87] Integrating content on intra-professional cultural competence into these modules would be beneficial to ensure consistency in knowledge and understanding of its principles, significance, and benefits. Such integration would also reinforce key components of the NMBA Code of Conduct and relevant Australian federal, state, and territory legislation that protects against discrimination and harassment, including the *Racial Discrimination Act 1975 (Cth)*,[88] which prohibits discrimination on the basis of race, colour, descent, national origin, ethnic origin, or immigrant status.

In addition, this module should provide practical examples illustrating the various forms that racism, discrimination, bullying and harassment may take in clinical settings. This would support IQNs in recognising these behaviours, provide clear guidance on reporting, and promote self-reflection to avoid engaging in bullying, harassment, or discriminatory practices themselves. Education on these issues is particularly important, given that IQNs from diverse cultural backgrounds may be unfamiliar with reporting mechanisms, may view reporting as inappropriate or as a source of conflict with management, or may lack confidence and knowledge about how to speak up or defend themselves in challenging workplace situations.

At the educational level, these principles should be reinforced throughout the entire nursing education pathway, from early university education to clinical placements. Key recommendations include the systematic integration of targeted content on intra-professional cultural competence across nursing curricula[89,90] and the harmful impacts of bullying on victims and witnesses.[91,94] Additional measures could include increased support of students from CALD (locals and internationals), for example, through mentorship programs. Mentorship between nursing students at different experience levels has demonstrated positive impacts on academic.[95,97]

At the organisational level, healthcare organisations should implement mandatory intra-professional cultural competence training as a core component of in-service education and workplace induction programs. Organisations should also develop, strengthen, and enforce policies that prioritise inclusivity and equity, and that adopt a clear zero-tolerance approach to racism, discrimination, bullying and harassment. Confidential, accessible reporting mechanisms should be established, ensuring protection against retaliation and providing transparent procedures for investigation and resolution of incidents. In Australia, initiatives that support the anonymous reporting of workplace health and safety concerns are already in place. For instance, the Speak Up Save Lives app allows individuals to raise concerns anonymously.[98] Likewise, the Fair Work Ombudsman provides an online mechanism for confidentially reporting workplace issues, including those related to safety.[99]

The commitment of managers and nursing leaders to implementing intra-professional cultural competence is critical. The role of managers has been shown to be crucial to fostering healthy work environments,[100] preventing racism, discrimination, bullying and harassment,[101] and actively promoting inclusion.[102,103] Unit culture is described as a dynamic factor that can either hinder or support desired behaviours and outcomes, and one that can be actively influenced to promote improvement.[104] Nursing unit culture could shape nurses' work experiences and decision-making, with downstream effects on practice behaviours, nurse wellbeing, and patient outcomes.[104] Organisations should therefore support leadership accountability, implement clear and transparent incident review processes, and establish structured mentorship and support programs for those in leadership roles.

Finally, further research is needed to examine the level of preparedness of regulatory bodies, educational providers and healthcare organisations, in relation to intra-professional cultural competence and its influence in organisational

culture, leadership practices, and professional relationships. Although the effectiveness of intra-professional cultural competence has not yet been empirically established, there is a clear need for future research to examine its impact and determine whether it can help mitigate practices associated with racism, discrimination, bullying and harassment in the workplace.

## CONCLUSION

The growing diversity of cultures and languages within the Australian nursing workforce poses challenges across various levels. Enhancing understanding and training in intra- professional cultural competence could serve as a valuable strategy for mitigating issues arising from interactions among nurses from diverse cultural and linguistic backgrounds. Understanding the culturally and linguistically diverse nursing workforce can provide valuable insights into the challenges encountered by both internationally qualified nurses and overseas-born, locally qualified nurses in Australia. The analysis of the workforce data undertaken for this paper points to the added relevance of the need to develop targeted approaches to address these challenges in nursing, thereby enhancing attraction and retention within the Australian workforce. Implementing strategies such as intra- professional cultural competence is suggested, as it may promote attitudes, skills and behaviours in the workplace that could contribute to recruitment and retention efforts, especially given the current global nursing shortage, with the aim of enhancing the well-being of our nurses and the quality of nursing care in Australia.

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