

Cultural Humility in Healthcare Delivery: A Scoping Review of Its Conceptualization and Implementation

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Background/Context

- Cultural humility is a **professional mandate** in nursing
- Requires **lifelong self-reflection** and awareness of power dynamics
- Emphasizes **non-paternalistic, patient-centered partnerships**
- Nurses must:
 - Reflect on values, beliefs, identities
 - Acknowledge **intersectionality**
 - Remain open to learning & unlearning

Why It Matters?

- Global rise in **migrant populations**
- Marginalized groups often:
 - Underutilize healthcare
 - Experience distrust due to bias, stereotypes, microaggressions
- Lack of cultural humility → **health inequities in nursing practice**
- Organizational culture plays a key role

Purpose & Research Questions

- Cultural humility = ongoing reflective practice
- Gap between policy mandates vs real-world implementation

Objective:

- Map how cultural humility is:
 - Defined
 - Applied
 - Evaluated in healthcare systems

Research Questions

- How is cultural humility conceptualized?
- How is it understood & implemented by nurses?
- What are the outcomes and implications in care delivery?

Methods – Search Strategy

- Scoping review (Levac et al., 2010 framework)

Databases:

- MEDLINE, Scopus, CINAHL, PsycINFO, ScienceDirect
- Gray literature (Google Scholar, reports)

Inclusion:

- Cultural humility in nursing delivery/admin
- English, full-text, primary studies
- Conducted in North America

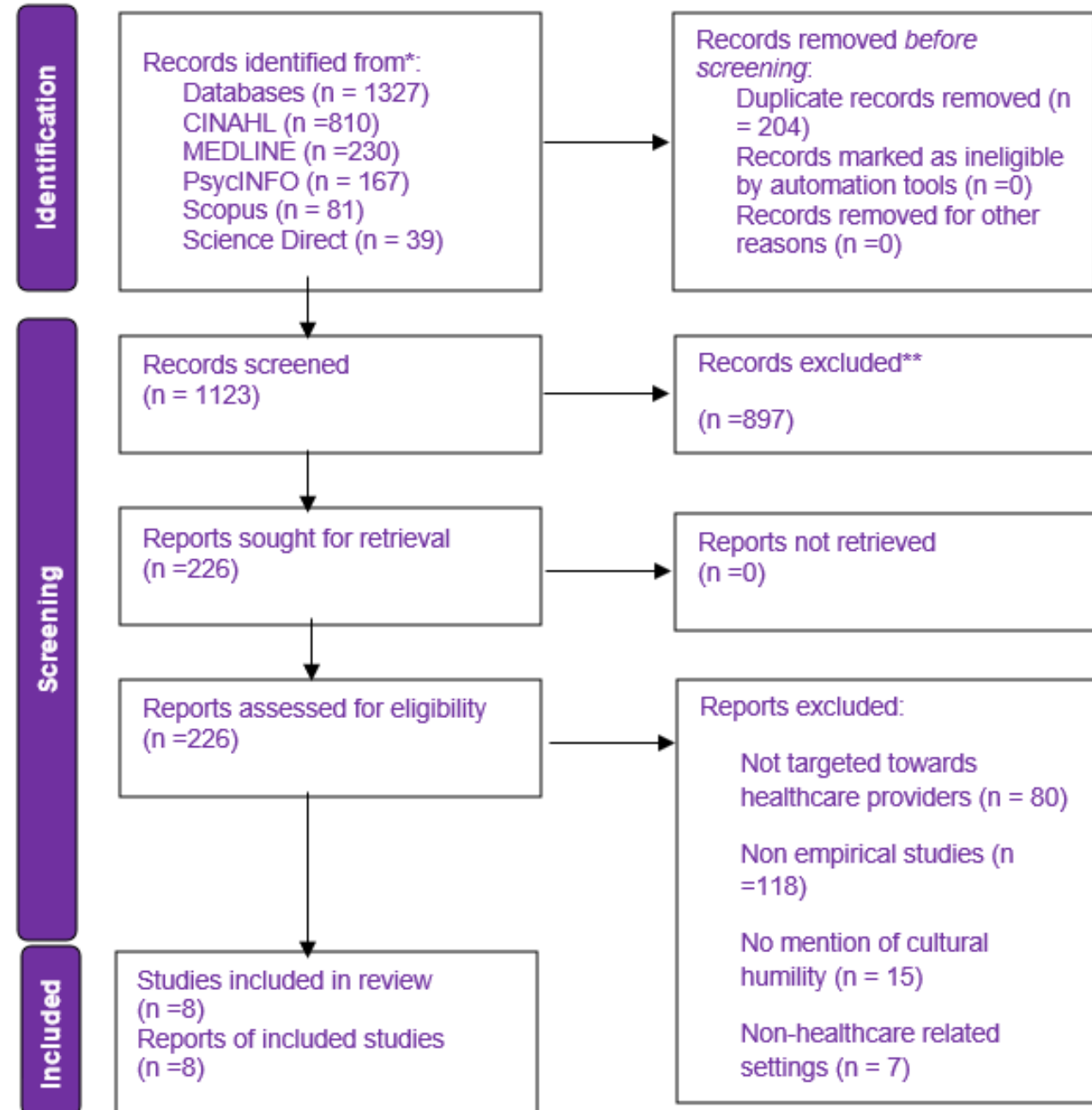
Methods – Screening & Analysis

- PRISMA-guided screening
- Independent + collaborative data extraction
- Analysis
 - Descriptive Statistics
 - Thematic synthesis

Figure 2: Prisma Flow Diagram

Overview of Included Studies

- 8 studies from 1,327 records
- Mostly qualitative
- Locations: North America (2 Canada)
- Published mostly in last 5 years
- Contexts:
 - Education
 - Palliative care
 - Public health
- 213 healthcare providers



Key Findings

- Cultural humility improves:
 - Patient and family **trust & engagement**
 - Overall care experiences
- Providers show:
 - Greater **self-awareness** and **reflexivity**
 - Reduced **implicit bias**
 - Better **cross-cultural communication**

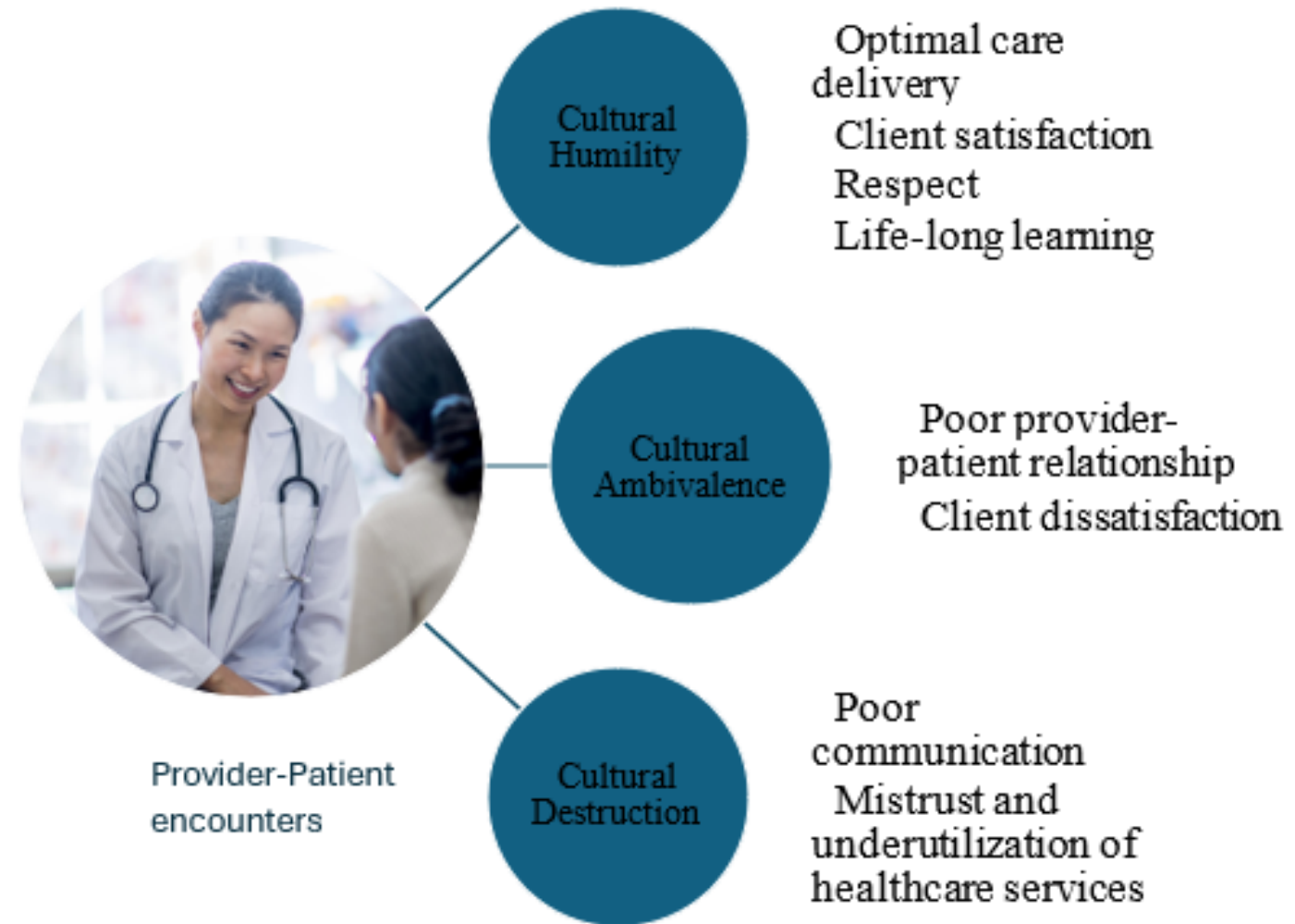


Figure 1. Outcome of decisions made during provider-patient encounters (Foronda, 2020).

Key Themes

- **Allyship & Partnership**
 - Trust-based, collaborative relationships
- **Openness to Diversity**
 - Recognizing differences
 - Addressing power imbalances
- **Lifelong Learning**
 - Continuous self-reflection
 - Unlearning biases

Implications

- Embed cultural humility as a **core competency**
- Use:
 - Simulation
 - Reciprocal learning
- Promote:
 - Workforce diversity
 - Academic partnerships
- Integrate into:
 - Quality improvement
 - Patient feedback systems

Limitations

- Limited empirical studies examining cultural humility within nursing delivery
- Predominance of North American studies constrains generalizability
- Gap in mixed-methods and longitudinal studies
- Future research should explore embedding cultural humility in :
 - **Organizational governance**
 - **Leadership development**
 - **Quality improvement frameworks.**

Conclusion

- Cultural humility is **essential for equitable care**
- Enhances:
 - Trust
 - Patient engagement
 - Provider self-awareness
- Limited by:
 - Systemic barriers
 - Resistance to equity-focused initiatives

Thank you
