

Volume 6, Number 1 (2016)

Cultural Competence in Taiwan Health Care and Society: Rationale for and State of the Science

Chin-Nu Lin, PhD, MSN, MA, RN
Beth Mastel-Smith, PhD, RN

Copyright © 2016 The Authors.

Reprints and Permissions: www.ojccnh.org/copyrights

DOI: <http://dx.doi.org/10.9730/ojccnh.org/v6n1a9>

Lin, C. & Mastel-Smith, B. (2016). Cultural competence in Taiwan health care and society: Rationale for and state of the science. *Online Journal of Cultural Competence in Nursing and Healthcare*, 6(1), 110-120. doi: 10.9730/ojccnh.org/v6n1a9

Abstract

Taiwan is a multicultural and multiethnic society. In addition to its Han Chinese heritage, many cultures and societies influence Taiwanese. As Taiwan's immigrant population continues to grow, the need for culturally competent health care providers capable of addressing the needs of its diverse ethnic, racial, and multicultural society is becoming more evident. Many Western societies have adopted culturally competent research, education, and clinical practices; however, cultural competence remains a new concept in Taiwan. Little information is available on the cultural competency of the health care providers in Taiwan and particularly nurses who provide direct care to patients. In this paper, justification for and the current knowledge about cultural competence in Taiwan's health care system are presented. Insights into Taiwanese health care providers' cultural competence might provide guidance for future implementations of cultural competence in-service trainings or integration into designing nursing curricula to improve patient outcomes and health care quality.

Keywords

Cultural competence, Taiwanese nurses

Taiwan is an island with a total population of approximately 24 million people. Five major ethnicities are represented: Taiwanese (70%), Hakka (14%), Mainland Chinese who immigrated to Taiwan after 1949 and their descendants (13%), Indigenous Taiwanese (2%), and The New Residents (1%). Ethnically, Taiwanese, Hakka and Mainland Chinese are Han Chinese descendants. They differ, however, in their political views, culture, values, life styles, religious beliefs, and health beliefs and practices. Taiwan is also the home to the following 14 registered indigenous tribes: Amis, Atayal, Paiwan, Bunun, Tsou, Rukai, Puyuma, Saisiyat, Yami, Thao, Sukizaya, Kawalan, Sediq, and Truku (Council of Indigenous People [CIP], 2012). Each tribe has its unique language, life style, and health behaviors and practices. In general, Indigenous Taiwanese have distinct world-views compared to Han Taiwanese (Wu & Yen, 2012).

Because of socioeconomic changes on the island over the past three decades, Taiwan also harbors a large population of foreign residents

or the fifth ethnicity. Most of these so-called “New Residents” are either foreign laborers or foreign female spouses from Mainland China and Southeast Asian countries such as Indonesia, the Philippines, Thailand and Vietnam. A reported 45,000 foreign women are married to Taiwanese men (National Immigration Agency [NIA], 2012) with approximately one out of five marriages involving foreign brides. The practice of marrying foreign brides started in the 1980s in rural Taiwan (Hsia, 1997) and created a special social phenomenon in farming and fishing communities, particularly among the lower middle classes. In addition, because of the shortage in low-level tech laborers and long-term health care providers, the Taiwanese government recruited foreign workers to fulfill industrial needs and caregivers for children and older adults with chronic illnesses and disabilities. Approximately 430,000 foreigners work in construction or serve as caregivers (Council of Labor Affairs [CLA], 2012).

These changes in population and social structure dramatically shifted Taiwan’s demographic landscape and created a multicultural environment that necessitated transcultural nursing and health care policies. Huang (2012) pointed out that good health care policies need to satisfy both the providers and those who are served, which include Indigenous Taiwanese and New Residents. Health care providers must be culturally sensitive and competent when caring for clients from diverse ethnic groups. Immigrants, for example, face the challenges of living in a new environment and therefore suffer the most from health related problems (Aponte, 2009). The lack of or insufficient knowledge about the cultural background of foreigners, especially foreign female spouses and low-level laborers and caregivers might explain why there is a higher prevalence of suffering, both physical and psychological, among these groups (Hou, Chen, & Lu, 2008; Liu, Chung, & Hus, 2001). Culturally competent health care for diverse populations has received little attention in Tai-

wan (Wu & Yen, 2012; Huang, 2012; Perng & Watson, 2012). Lack of formal education and training for Taiwanese health professionals might limit their ability to provide culturally appropriate health care services (Hung, Yang, & Yen, 2011). A better understanding of cultural competence among Taiwanese nurses could establish a foundation for developing strategies to improve, cultivate and foster culturally competent health care and services provided to culturally and ethnically diverse patients. Such knowledge might also trigger governmental and administrative agencies to regulate and/or provide mandates or guidelines on culturally competent health care.

Review of Literature

An intensive search of nursing and social sciences literature was performed dating from 2001 through 2011. Relevant literature was located using electronic scholarly and popular databases such as The Cumulative Index for Nursing and Allied Health Literatures (CINAHL), Web of Science, PUBMED, Educational Resources Information (ERIC), and Taiwanese National Central Library Database of Thesis and Dissertation. Search terms included “cultural competence” and “Taiwanese nurses” and searches were limited to the previous ten years to capture most current research. Searching for “cultural competence” resulted in 4641 hits on PubMed, which was narrowed down to 730 hits when the keyword “nurses and cultural competence” were used. Only 15 articles; however, were produced when using the keywords “nurses” and “cultural competence in Taiwan”. Searching for “cultural competence” resulted in 822 articles using CINAHL, 169 articles on “nurses and cultural competence”, and reduced to four articles when combined with “Taiwan”. An additional 18 articles were obtained from sources in Taiwan, which could not be accessed via database in the United States (US), as well as from references listed in cited articles.

Culture and Cultural Competence Defined

Culture is a shared system of values, beliefs, traditions, behaviors, as well as verbal and non-verbal patterns of communication that may differentiate a group with similar characteristics from others (Giger & Davidhizar, 2008; Purnell, & Paulanka, 2008; Leininger, 2002). These values and beliefs have a significant impact on how individuals access and interact with health care providers and services (Spector, 2009). Understanding the impact of culture on an individual's perceptions of health is the basis of cultural competence in health care and practice. Cultural competence is defined by the US Office of Minority Health ([OMH]; Office of Minority Health, 2012) as "a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations."

The concept of transcultural nursing care was pioneered by Leininger in the 1950s, which stemmed from her belief that the understanding of cultural diversity related to health and illness was an essential component of nursing knowledge (Leininger, 2002). Its aim is to encourage quality nursing care to patients from diverse cultural backgrounds and to decrease health care inequality and disparities among minority racial and ethnic groups. The standards for culturally competent practices in health care are based on social justice which emphasizes fair and adequate access to health care for all (Douglas et al., 2009). Culturally congruent and competent health care results in improving health and well-being for people worldwide (Jeffreys, 2010) and impacts health care outcomes and quality (Betancourt, Green, Carrillo, & Park, 2005).

Nursing professionals in the US acknowledged their responsibility and the challenges in preparing a nursing workforce that reflects this diversity and which is capable of providing culturally competent care. Consequently, accrediting bodies such as the Commission on

Collegiate Nursing Education (CCNE: CCNE, 2008) and the Accreditation Commission for Education in Nursing (ACEN: ACEN, 2013) mandated that academic nursing programs should demonstrate that graduates are capable of providing culturally competent nursing care at basic and advanced practice levels. The American Academy of Nursing Expert Panel on Global Nursing and Health and The Transcultural Nursing Society (TNS; Douglas, et al. 2009) established twelve standards for culturally competent nursing care, which provided a road map for applying transcultural nursing in health care. Culturally competent care is therefore becoming a standard agreed upon by health care professionals in the US. Such standards, however, are neither common nor advocated for in Taiwan, which is in stark contrast to the ethnic diversity of its population.

Health Status among Taiwanese Minority Groups

Indigenous Taiwanese.

Indigenous Taiwanese, who constitute approximately 2% of the total population, are prone to health disparities due to Taiwan's geography, their unique languages and cultural and health practices. They have greater rates of mental health issues, domestic violence, and alcohol abuse than non-indigenous residents (Ko & Chen, 2010). Life expectancy among this group is 67 years, which is significantly less than the total Taiwan population with a life expectancy of 78 years (Statistical Information Services, 2012). In addition, The National Policy Foundation (2012) reported higher prevalence of liver cirrhosis, oral cancer, suicide rate, alcoholism, school dropout rate, and poverty among Indigenous Taiwanese. Women also experienced greater health disparities. Chang, Lo, & Hayter (2011) found a high prevalence of drinking problems among women from the Bunun tribe, which is one of the 14 Taiwanese indigenous tribes, and attributed it to their unique social-

ization practices.

Despite recognizing the cultural differences between the Indigenous and Han Taiwanese, the Taiwanese government often applies the same policies and intervention approaches to Indigenous Taiwanese as the general population. To the Indigenous people, "health" is a vague and abstract concept (Wu & Yen, 2012) as opposed to the Westernized perspective adopted by Han Taiwanese. To demonstrate this, Wu & Yen (2012) reported that the Yami Tribe has a unique interpretation of death and illness, which they attributed to "*Anito*" or the evil spirit. According to the Yami Tribe, people might become a contagious *Anito* spirit after death. Consequently, the tribe developed rituals to avoid and prevent the dead from becoming *Anito*. For example, funeral practices dictated prompt burial away from the source of drinking water. Han public health nurses trained in Western medicine failed to recognize the significance of such practices in preventing water contamination and the spread of disease. The nurses disregarded and treated the Yami traditions as superstitious beliefs. In another example, the Taiwanese government replaced the Yami traditional semi-submerged wooden house, built to accommodate the geographic and climate needs, with concrete Western-style houses (Qain, 2009). Poor drainage from around these concrete houses, especially during heavy rain, resulted in poor sanitation. In addition, Yami built their houses to allow older adults to live independently in separate quarters. Newly constructed concrete houses lacked such privileges, which caused social and psychological distress (Jen, 2004). Such practices exemplify lack of cultural knowledge, cultural insensitivity and poor cultural assessment skills (Tsai & Wang, 2009). Wu & Yen (2012) stated that cultural insensitivity by the Taiwanese public health nurses, who were educated on Western medical practices, and influenced by their own Han traditions, led to gaps and discrepancies between health care delivery and the actual needs of Indigenous Tai-

wanese.

Foreign brides and laborers.

Two groups, foreign brides and laborers, have particular health care needs. There are approximately 44,000 families in Taiwan in which a Taiwanese man is married to a foreign bride (Hung, Yang, & Yen, 2011). Foreign brides typically face an unfamiliar environment in terms of weather, lifestyle, customs and culture, language, and marriage and family relationships. Language and communication difficulties are barriers to health care utilization (Yang & Wang, 2003). For example, when foreign brides sought medical care for their children, they had difficulty explaining their concerns to the health care providers (Liang & Wu, 2005; Yang & Wang, 2003). Such encounters with physicians and nurses led to feelings of discrimination and marginalization (Liu, Chung, & Hsu, 2001). They also suffer from low self-esteem (Shu, Chung, Lin, & Liu, 2008) and psychological distress (Chen, Tang, Jeng, & Chiu, 2008). Consequently, this group of women is less likely to benefit from health promotion and disease prevention programs (Chen, Tang, Jeng, & Chiu, 2008). Foreign spouses were also found to have a higher rate of mental distress and suffer from poor adjustment to a new life in Taiwan (Hsu, & Huang, 2011; Chen, Tang, Jeng, & Chiu, 2008). While culturally driven health disparities such as these are well documented, there is little information on the cultural competency of Taiwanese providers. For example, sesame oil chicken soup is a classic and accepted remedy among Han Taiwanese women for postpartum care. Because some health care providers are culturally unaware and have poor knowledge of health beliefs and practices, physicians and nurses often mandate to a foreign female spouse this traditional therapy without considering the patient's cultural preferences (Yang & Wang, 2003).

The Taiwanese government provided several programs to assist foreign female spouses to

adapt to a new life, such as learning Chinese, job training, and counseling services. These programs; however, did not focus on their overall health and well-being (Hou, Chen, & Lu, 2008). Similarly, very little attention was given to the health and well-being of foreign laborers. While the boost in Taiwan's economy brought fortune to its residents, it led to higher wages, increased manufacturing costs and life expectancy, which led to short and long-term care challenges (Council for Economic Planning and Development [CEPD], 2012; Lin, 2012; Wang, 2012). To cut manufacturing and health care costs, foreign workers and caregivers were heavily recruited to provide care to children and older adults with chronic illnesses and disabilities (Hong, Yang, Chen, & Yang, 2012). Health beliefs practiced by foreign caregivers, however, were diverse and based on ethnic background (Liang & Wu, 2005). Since misunderstanding how an individual defines health or illness can lead to conflicts, Taiwanese employers were encouraged to learn about foreign caregivers' culture in an effort to develop appropriate care plans (Liang & Wu, 2005). Unfortunately, foreign workers/caregivers generally face distress and suffer from health disparities during their resettlement (Kosoko-Lasaki, Cook, & O'Brien, 2009). The causes of health disparities are varied and multifaceted and include linguistic and cultural barriers, which may lead to significant health issues (Kosoko-Lasaki, Cook, & O'Brien, 2009).

Several studies explored various social issues faced by these foreign workers/caregivers. These included marital satisfaction and life experiences, adaptation, and education needs in Taiwan, interactions with children, governmental supports during the immigration process, political socialization and national identity, their role in caring for the elderly with disabilities, social welfare needs, job opportunities and placement (Hou, Chen, & Lu, 2008). Foreign female spouses and laborers often encounter linguistic barriers, unbalanced power relation-

ships, cultural difference in daily life, and conflicts that stemmed from different value systems (Hung, Yang, & Yen, 2011). Very few studies, however, examined the unique health needs of this segment of the population and health care professionals' cultural competence in meeting those needs. For example, foreign laborers from Thailand tended to ignore their health due to lack of health resources and were less involved in health promotion activities, which increased their risk for injury and suicide (Bandyopadhyay & Thomas, 2003).

Cultural Competence in Taiwan's Health Care Delivery System

Government agencies in the US have adapted and mandated cultural competence as a way to improve health care quality and decrease health disparities among cultural and ethnic minorities (Betancourt, Green, Carillo & Park, 2005; Burchum, 2002). Due to its significance, the concept of cultural competence was also adopted into practice, professional health education, and research by many countries including Australia (Carpio & Majumdar, 1993, Chenoweth, Jeony, Goff, & Burke, 2006), Canada (Azad, Power, Dollin, & Chery, 2002), Japan (Kawashima, 2008), New Zealand (Wilson, 2008), and Sweden (Olt, Jirwe, Gustavsson, & Emami, 2010). Such attentions, however, are not common in Taiwan. Despite Taiwan's multicultural society, culturally competent nursing care is not a priority.

In 1995, Taiwan established the National Health Insurance (NHI) as a government-run, single-payer health care system. Currently, more than 96% of the Taiwanese are enrolled in this program (NHI, 2012a), which provides a wide variety of health benefits and services for inpatient care, ambulatory care, laboratory tests, diagnostic imaging, prescription and over the counter (OTC) drug benefits, dental care, traditional Chinese medicine, day care for the mentally ill, limited home health care, and certain preventive medicine benefits. This program

also provides the insured with the freedom to choose their own physicians and hospitals without referrals (NHI, 2012b). In a recent study, the relationship between having a usual source of care (USC) and the quality of ambulatory medical care experienced by 879 patients with NHI coverage in Taiwan was examined (Tsai, Shi, Yu, & Lebrun, 2010). Patients with a USC rated the cultural competence of their health care providers significantly higher compared to those without USC.

“Culturally competent health care” nonetheless remains a new concept among health care professionals in Taiwan. While more than 50 universities and colleges in Taiwan provide nursing education, only a few provided concepts in cultural care as an independent course or have integrated cultural competence into undergraduate or graduate nursing curricula (National Taiwan University, 2012; Yang-Ming University, 2012; Ho, Yao, Lee, Hwang, Beach, & Green 2008; Perng, Lin & Chuang, 2007). The Ministry of Health and Welfare (MOHW: MOHW, 2012), which is the highest nursing supervising agency in Taiwan, does not advocate specific policies or standards with regard to cultural competency among health care providers, and particularly nurses who provide direct patient care. Lack of acknowledgment to the significance of cultural competence in nursing care overlooks the important role that nurses play in promoting patients’ well-being and maintaining a holistic approach to health. Failure to provide culturally competent care resulted in inaccurate nursing diagnosis, inappropriate nursing care and interventions, and/or noncompliance with treatment plans by the individuals and their families (Van Ryn & Fu, 2003). Cultural misunderstanding might also exacerbate intolerance and discrimination (Seright, 2007).

Cultural Competence Among Health Care Providers in Taiwan

Information about culturally competent health care providers is sparse in Taiwanese lit-

erature. Taiwanese neonatal professionals were found to be inadequately prepared for dealing with end-of life (EOL) issues, in their communication skills, palliative care knowledge, and attitudes when compared with their worldwide colleagues. These findings were attributed to the differences in their cultural attitudes (Tang, 2012). In other studies, health care providers in Taiwan lacked knowledge about New Residents’ health related issues (Chang, Yahng, & Kuo, 2013). Huang (2012) suggested that health care professionals should learn a second language in order to enhance cultural literacy and cross cultural sensitivity. Zhao, Espisito & Wang (2010) also suggested that health care providers should apply cultural knowledge to their clinical practice and show respect to Asian-born women’s cultural beliefs. Chinese-born women, for example, viewed illness as the result of an imbalanced diet, exercise, or environment. These beliefs stem from traditional Chinese health beliefs that an imbalance between yin and yang causes illness.

Two intervention studies demonstrated the potential for cultural competence in health care education. Medical and nursing students who participated in a cultural competence continuing education significantly improved cultural competence levels compared to students who did not receive the intervention (Ho, Yao, Lee, Hwang, & Beach, 2010; Perng, Lin, & Chuang, 2007). These competencies included communication skills (Ho, Yao, Lee, Hwang, & Beach, 2010; Perng, Lin, & Chuang, 2007), ability to relate patients’ perspectives and social factors to illness (Ho, Yao, Lee, Hwang, & Beach, 2010), and cultural knowledge and sensitivity (Perng, Lin, & Chuang, 2007). Perng, Lin & Chuang (2007) developed the Nurses’ Cultural Competence Scale (NCCS) and used it to measure the effect of a 32-hour cross-cultural nursing education program on the cultural knowledge, awareness, sensitivity, and skills of nursing students. The intervention group scored significantly higher than the control group on the NCCS cul-

tural awareness, cultural knowledge, cultural sensitivity, and cultural skills subscales. The outcomes of this study signified the need for cultural competence education and highlighted its potential impact on health care providers in Taiwan.

While several tools and measurements were developed and used to investigate the degree/level of cultural competence from the perspectives of health care professionals such as the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R[®]: Campinha-Bacote, 2002), these tools suffered from poor validity when translated into Chinese (Ho & Lee, 2007). Perng, Lin, & Chuang (2007) developed the 41-item NCCS in Traditional Chinese. It consists of four of the five constructs that constitute the Process of Cultural Competence in the Delivery of Healthcare Services theory (PCCDHS: Campinha-Bacote, 2002): cultural awareness, cultural knowledge, cultural sensitivity, and cultural skills. This tool had good validity and reliability with a reported Cronbach's α between 0.78 to 0.96 and a composite reliability between 0.79 to 0.89 (Perng, Lin, & Chuang, 2007). Mokken scaling analysis investigated the unidimensionality and hierarchical nature of the NCCS scale (Perng & Waterson, 2012). From the 41 items in the NCCS scale, 20 items were found to form a strong Mokken scale ($H = 0.67$, where $H > 0.5$ indicates a strong Mokken scale). Six items were from the Cultural Knowledge subscale, two items from the Cultural Sensitivity subscale, and 12 items were from the Cultural Skill subscale. These 20 items comprise the Cultural Capacity Scale (CCS).

Recommendations for Providing Culturally Competent Health Care in Taiwan

Based on the literature review, several recommendations could be made to foster cultural competency in nursing education, clinical practice, and policymaking. Since nursing educators play an important role in promoting cultural

awareness and sensitivity among nursing students, they should be encouraged to adapt various teaching methods and strategies that would allow students to explore the key concepts of cultural competence. Revisions to nursing curricula should also be made to incorporate content on cultural competence or to introduce concepts in transcultural nursing as a stand-alone course.

Clinical practice sites and field experiences should be made available to the Taiwanese nurses to explore the cultural differences across all levels of diversity, both primary (age, gender, language, physical ability and sexual preference) and secondary (socio-economic background, geographical location, education and religion). From such experiences nurses will learn how to effectively provide quality and appropriate care to a diverse patient population despite different social backgrounds, cultures, religions, and lifestyle preferences. Availability of special clinical rotations in areas densely populated with foreign spouses and workers or at remote villages that are inhabited by Indigenous Taiwanese will further facilitate the process of acquiring cultural knowledge and skills.

Standards on cultural competence should also be established by the legislators and adopted by nursing associations such as the Taiwanese Nurse Association (TNA) to regulate and standardize practice for all health care professionals. Certification in cultural competence could be mandated in specially designated areas, such as in villages and areas inhabited by the Indigenous Taiwanese. Funds should also be made available for continuing education programs, conferences, and seminars to promote a culturally competent workforce.

Finally, since studies on the level of cultural competence among Taiwanese nurses are scarce, evaluating the level of their cultural knowledge and skill, and the effectiveness of cultural competence in practice, education, and policymaking by using current and updated instrument is greatly needed. The results from

these studies will provide valuable information that could be used to enhance and improve the level of cultural competence among Taiwanese nurses. Data from these studies will also aid in the development of clinical guidelines and standards to ensure culturally competent care.

Conclusion

Recent changes in demographics and social structure dramatically shifted Taiwan's demographic landscape and created a multicultural environment that necessitates transcultural nursing care. Health care providers must be culturally sensitive and competent when caring for clients from diverse ethnic groups. Immigrants, for example, face the challenges of living in a new environment and therefore suffer the most from health related problems (Apon-te, 2009). The lack of or insufficient knowledge about the cultural background of foreigners, especially foreign female spouses and low-level tech laborers might explain why there is a higher prevalence of suffering, both physical and psychological, among this group (Hou, Chen, & Lu, 2008; Liu, Chung, & Hus, 2001). To date, cultural competence among health care providers received little attention in Taiwan (Huang, 2012; Perng & Watson, 2012; Wu & Yen, 2012). The lack of formal education and training for Taiwanese health care professionals might contribute to a lack of culturally competent care (Hung, Yang, & Yen, 2011). Therefore, several recommendations were provided to improve the cultural competence among Taiwanese nurses. Based on the findings of the literature review, the authors believe that introducing legislation to govern and define cultural care in Taiwan and establishing curricular revisions and standards for continuing education will enhance cultural awareness and enable Taiwanese nurses to provide culturally competent care.

References

- Accreditation Commission for Education in Nursing ([ACEN], 2013). ACEN 2013 standard and criteria, baccalaureate, curriculum 4.5. Retrieved from http://www.acenursing.net/manuals/SC2013_BACCALAUREATE.pdf
- Aponte, J. (2009). Addressing cultural heterogeneity among Hispanic subgroup by using Campinha-Bacote's model of cultural competence. *Holistic Nursing Practice*, 23(1), 3-12. doi:10.1097/01.HNP.0000343203.26216.c9.
- Azad, N., Power, B., Dollin, J., & Chery, S. (2002). Cultural sensitivity training in Canadian medical schools. *Academic Medicine: Journal of the Association of American Medical Colleges*, 77(3), 222-228.
- Bandyopadhyay, M., & Thomas, J. (2002). Women migrant workers' vulnerability to HIV infection in Hong Kong. *AIDS Care*, 14(4), 509-521. doi:10.1080/09540120220133035.
- Betancourt, J. R., Green, A. R., Carrillo, J. E., & Park, W. R. (2005). Cultural competence and health care disparities: Key perspectives and trends. *Health Affairs*, 24(2), 499-456. doi:10.1377/hlthaff.24.2.499.
- Burchum, J. (2002). Cultural competence: An evolutionary perspective. *Nursing Forum*, 37(4), 5-15. doi:10.1111/j.1744-6198.2002.tb01287.x.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. *Journal of Transcultural Nursing*, 13(3), 181-184. doi:10.1177/10459602013003003.
- Carpio, B., & Majumdar, B. (1993). Experiential learning: An approach to transcultural education for nursing. *Journal of Transcultural Nursing*, 4(2), 4-11. doi:10.1177/104365969300400202.
- Chenoweth L., Jeony, Y. H. Goff, M. & Burke, C. (2006). Cultural competency and nursing care: An Australian perspective. *International Nursing Review*, 53(1), 34-40. doi:10.1111/j.1466-7657.2006.00441.x.
- Chang, L. J., Lo, S. F., & Hayter, M. (2011). Drink behaviors: The life narratives of Indigenous Bunun women in Taiwan. *Journal of Nursing Research*, 19(2), 83-93. doi:10.1097/JNR.0b013e31821cbbd0.
- Chang, H. Y., Yahng, Y. M., & Kuo, Y. L. (2013). Cultural sensitivity and related factors among community health nurses. *The Journal of Nursing Research*, 21(1), 67-73. doi:10.1097/jnr.0b013e3182829cb9.
- Chen, M. J., Tan, C. H., Jeng, H. M., & Chiu, W. H. (2008). The maAndrew & Boyleernal and child healthcare needs of new immigrants in Taipei. *Journal of Nursing Research*, 16(4), 307-320. PMID: 19061177.
- Commission on Collegiate of Nursing Education ([CCNE], 2008). Cultural competence in nursing education. Retrieved from <http://www.aacn.nche.edu/education-resources/cultural-competency>
- Council for Economic Planning and Development ([CEPD], 2012). Taiwan's current long-term care needs estimation and services supplies. Retrieved from <http://www.cepd.gov.tw/dn.aspx?uid=8213>
- Council of Indigenous People ([CIP], 2012). Tribes in Taiwan. Retrieved from <http://www.apc.gov.tw/portal/associate/link/list.html?CID=1B05606BD05D8903>.
- Council of Labor Affairs ([CLA], 2012). Number of foreign workers. Retrieved from <http://www.evta.gov.tw/files/57/720083.pdf>
- Department of Health ([DOH], 2012). Health regulations & laws. Retrieved from <http://dohlaw.doh.gov.tw/Chi/FLAW/FLAWDAT0201.asp>
- Douglas, M., Pierce, J., Rosenkoetter, M., Callister, L., Hattar-Pollara, M., Lauderdale, J., ... Pacquiaio, D. (2009). Standards of practice for culturally competent nursing care: A request for comments. *Journal of Transcultural Nursing*, 20(3), 257-269. doi:10.1177/1043659609334678.
- Giger, J. M. & Davidhizar, R. E. (2008). Introduction to Transcultural Nursing. *Transcultural nursing: Assessment and intervention* (5th ed.). St. Louis, MO: Elsevier.
- Ho, M. J. & Lee, K. L (2007). Reliability and validity of three cultural competency measures. *Medical Education*, 41, 519. doi:10.1111/j.1365-2929.2007.02747.x.
- Ho, M. J., Yao G., Lee, K. L., Hwang, T. J., Beach, M. C., & Green, A. (2008). Cross-cultural medical education: Can patient-centered cultural competency training be effective in non-Western countries? *Medical Teacher*, 30, 719-721. doi:10.1080/01421590802232842.
- Ho, M. J., Yao G., Lee, K. L., Hwang, T. J., & Beach, M. C. (2010). Long-term effectiveness of patient-centered training in cultural competence: What is retained? What is lost? *Academic Medicine*, 85(4), 660-664. doi:10.1097/ACM.0b013e3181d296b0.
- Hong, J. C., Yang, Y. C., Chen, J. F., & Yang, T. Y. (2012). Foreign workers in Taiwan. Retrieved from http://www.jil.go.jp/foreign/event/itaku/20051107/pdf/taiwan_e.pdf
- Hou, H. Y., Chen, C. L., & Lu, H. Y. (2008). Health information seeking and self-care: A study on female foreign spouse from Southeast Asia. Conference of Chinese communication society (Article in Chinese). Retrieved from http://ccs.nccu.edu.tw/paperdetail.asp?HP_ID=1077

- Hsia, H. C. (1997). The trade of women body; Taiwan/Indonesia foreign bride analysis. *The Journal of Southeast Asia Study*, 2, 72-83.
- Hsu, H. C., & Huang, M. C. (2011). Culturally competent care: Helping an immigrant mother's child with cancer return to elementary school. *The Journal of Nursing*, 58(3), 85-89. (Article in Chinese). PMID: 21678272.
- Huang, H. (2012). Comprehensive cross-cultural care: An exploration of the immigrants care barriers and cross-cultural care competency of community nurses. *The Journal of Nursing*, 59(2), 17-22. (Article in Chinese). PMID: 22469888.
- Hung, S. C., Yang, W. S., & Yen, P. C. (2011). More than lost in translation? An exploratory study of social worker's experiences working with Vietnamese wives in Taiwan. *International Social Work*, 53(3), 327-338. doi:10.1177/0020872809359749.
- Jeffreys, M. (2010). Dynamics of diversity. *Teaching cultural competence in nursing and health care: Inquiry, action and innovation*. (2nd ed.). New York, NY: Springer.
- Jaiyeola, A., Stabler, W. (2009). Health disparities among Native American People of the United States. In Kosoko-Lasaki, S., Cook, C. T., & O'Brien, R. L. (Eds.), *Cultural proficiency in addressing health disparities* (pp 230-241). Sudbury, MA: Jones and Bartlett.
- Jen, M. L. (2004). Aging, caring and boundary making among Tao (Yami), Taiwan. Unpublished master thesis. Tzu-Chi University. Hawlan County, Taiwan.
- Kawashima, A. (2008). Study on cultural competency of Japanese Nurses. Unpublished dissertation. George Mason University. Fairfax, Virginia.
- Ko, S. H., & Chen, C. H. (2010). Comparison of health-promoting lifestyles between postnatal Han Taiwanese and Indigenous women. *Journal of Nursing Research*, 18(3), 191-198. doi:10.1097/JNR.0b013e3181edef18.
- Leininger, M. (2002). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Journal of Transcultural Nursing*, 13(3), 189-192. doi:10.1177/10459602013003005.
- Liang, H. F., & Wu, K. M. (2005). Indonesian caretaker experiences in providing child care to Taiwanese children. *Journal of Nursing Research*, 13(3), 225-231. PMID: 16237634.
- Lin, W. Y. (2012). Plans for long-term care system in Taiwan: Reflections and prospective.
- Liu, M. F., Chung, H. H., & Hsu, M. T. (2001). Adaptation of foreign brides in Taiwan: Implication for nursing. *The Journal of Nursing*, 48, 85-89. (Article in Chinese).
- Ministry of Health and Welfare ([MOHW], 2012). Health regulations & laws. Retrieved from <http://laws.mol.gov.tw/chi/flaw/FLAWDAT0201.asp>
- National Immigration Agency ([NIA], 2012). Person and expatriates married statistics. Retrieved from <http://www.immigration.gov.tw/ct.asp?xItem=1183521&ctNode=29699&mp=1>
- National Health Insurance ([NIH], 2012a). Program overview. Retrieved from http://www.nhi.gov.tw/English/webdata/webdata.aspx?menu=11&menu_id=590&WD_ID=590&webdata_id=3138
- National Health Insurance ([NIH], 2012b). Medical services. Retrieved from http://www.nhi.gov.tw/English/webdata/webdata.aspx?menu=11&menu_id=592&webdataid=3192&WD_ID=592
- National Policy Foundation (2002). Taiwanese indigenous social welfare police development. Retrieved from <http://old.npf.org.tw/PUBLICATION/SS/091/SS-R-091-017.htm>
- National Taiwan University. (2012). Program. Retrieved from <http://www.mc.ntu.edu.tw/nurse/main.php?Page=N4O3>
- Office of Minority Health ([OMH], 2012). What is cultural competence? Retrieved from <http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=11>
- Olt, H., Jirwe, M., Gustavsson, P., & Emami Z. (2010). Psychometric evaluation of the Swedish adaptation of the Inventory for Assessing the Process of Cultural Competence Among Healthcare Professionals-Revised (IAPCC-R). *Journal of Transcultural Nursing*, 21(1), 55-64. doi:10.1177/1043659609349064.
- Perng, S. J., Lin, C. J., & Chuang, J. L. (2007). Cultivating cultural competence through education. *Tzu-Chi Nursing Journal*, 6(4), 90-102. (Article in Chinese).
- Perng, S. J., & Watson, R. (2012). Construct validation of the nurse cultural competence scale: A hierarchy of abilities. *Journal of Clinical Nursing*, 21, 1678-1684. doi:10.1111/j.1365-2702.2011.03933.x.
- Purnell, L. D. & Paulanka. B. J. (2008). *Transcultural diversity and health care. Transcultural health care: A culturally competent approach* (3rd Ed.). Philadelphia, PA: F. A. Davis.
- Qain, J. R. (2009). Construction and transformation of modern houses among the Tao, Taiwan. An unpublished master thesis. Hawlan County, Taiwan: Tzu-Chi University.
- Seright, T. (2007). Perspectives of registered nurse cultural competence in a rural state-part 1. *Online Journal of Rural Nursing & Health Care*, 7(1), 47-56.

- Shu, B. C., Chuang, L. Y., Lin, L. L., & Liu, K. L. (2008). The mothering experiences: Perspectives of women from Indonesia married and living in Taiwan. *Journal of Nursing Research*, 16(3), 169-176. PMID: 18792886.
- Spector, R. (2009). Cultural heritage and history. *Cultural diversity in health and illness* (7th Ed.). Upper Saddle River, NJ: Pearson Prentice Hall.
- Statistical Information Services (2012). Table of life expectancy of Native Taiwanese. Retrieved from <http://sowf.moi.gov.tw/stat/Life/h99native.htm>
- Tang, S. T. (2012). End-of-life decision making in Taiwan-healthcare practice is rooted in local culture and laws that should be adjusted to patients' best interests. *Journal of Medical Ethics*. Retrieved from. doi:10.1136/medethics-2012-100760.
- Tsai, H. M., & Wang, H. H. (2009). Promotion of and reflections on the professional image of community health nurses. *Journal of Nursing*, 56(4), 11-16. (Article in Chinese). PMID: 19634093.
- Tsai, J., Shi, L., Yu, W. L., & Lebrum, L. A. (2010). Usual source of care and the quality of medical care: A cross-sectional survey of patients from a Taiwanese community. *Medical Care*, 48(7), 628-634. doi:10.1097/MLR.0b013e3181dbdf76.
- Van Ryn, M., & Fu, S. (2003). Racial/ethnic bias and health. Paved with good intentions: Do public health and human service providers contribute to racial/ethnic disparities in health? *American Journal of Public Health*, 93(2), 248-255. PMID: PMC1447725.
- Wang, J. (2009). Current status and future development of long-term care in Taiwan. Conference presentation.
- Wilson, D. (2008). The significance of a culturally appropriate health service for Indigenous Maori Women. *Contemporary Nurse*, 28, 173-188. PMID: 18844571.
- Wu, Y. C., & Yen, W. C. (2012). Steadfast and dependable: Trans-cultural community health care in Taiwan. *The Journal of Nursing*, 50(2), 23-28. PMID: 22469889.
- Yang-Ming University (2012). Academic program.
- Yaung, Y. M. & Wang, H. H. (2003). Life and health concerns of Indonesian women in transnational marriages in Taipei; *Journal of Nursing Research*, 11(3)167-176. doi:10.1097/01.JNR.0000347633.72476.4a.
- Zhao, M., Esposito, N., & Wang, K. (2010). Cultural beliefs and attitudes toward health care among Asian-born women in the United States. *Journal of Obstetric, Gynecologic & Neonatal Nursing*, 39(4), 370-385. doi:10.1111/j.1552-6909.2010.01151.x.

The Authors

Chin-Nu Lin, PhD, MSN, MA, RN



Dr. Lin is an assistant professor at the College of Nursing at the University of Southern Mississippi. She holds a PhD in Nursing with emphasis on transcultural nursing and master degrees in nursing and counseling. Her research interests are in cultural competence, health disparities, transcultural nursing, and mental health. Previously, Dr. Lin served as an RN at various clinical settings, in diverse areas including psychiatric and medical/surgical. Dr. Lin teaches courses in psychiatric nursing and pharmacology. She is a member of "Service-Learning Faculty Fellow Seminar" and a recipient of "Gulf Coast ADVANCE Fellow."

Beth Mastel-Smith, PhD, RN



Dr. Mastel-Smith worked for a local non-governmental agency in South East Asia providing educational and health promotion programs for professional and family caregivers of older adults and the general public. Other experiences in Asia include: led study abroad programs to China and Taiwan, consulted with a private hospital for the purpose of developing a palliative care program and served as the invited keynote speaker at an international conference.