

POLICY FORUM: INVITED COMMENTARIES & SIDEBARS

Culturally Competent Care is a Workforce Imperative for North Carolina Nursing

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North Carolina's nurses serve diverse populations. The state's large rural population, substantial military community, growing Hispanic population, and American Indian communities shape a complex, evolving landscape. Preparing nurses to deliver culturally competent care strengthens communication, builds trust, supports better outcomes, and creates leadership, education, community health, and advanced practice opportunities.

North Carolina's health care workforce is being asked to do more than ever before. Hospitals are managing rising acuity, communities continue to face chronic disease and behavioral health challenges, rural areas face persistent access barriers, and employers across the state are competing for nursing talent. At the same time, North Carolina's population is growing, aging, and becoming increasingly diverse.¹ Demand for services continues to rise as communities expand and health needs become more complex. These realities require a workforce prepared not only to deliver excellent clinical care, but also to connect effectively with the people and communities it serves.

That is why culturally competent care should be viewed as a workforce imperative.

Cultural competence is sometimes discussed as a secondary topic or as an issue separate from mainstream workforce strategy. In practice, it is deeply connected to patient outcomes, workforce readiness, professional advancement, and organizational performance. For North Carolina, strengthening these competencies is not simply a worthwhile goal; it is sound workforce policy.

What Cultural Competence Means in Practice

Culturally competent care is best understood as the ability to provide respectful, responsive, patient-centered care across differences in language, beliefs, values, experiences, and circumstances.² It is less about memorizing customs and more about developing habits that define excellent nursing practice: listening carefully, asking thoughtful questions, avoiding assumptions, adapting communication, and partnering with patients in ways they can understand and act upon.

Nurses regularly see the impact when these elements are absent. A patient nods in agreement but does not fully understand discharge instructions. A family leaves overwhelmed by complex medication changes. A follow-up appointment is missed because transportation barriers were not identified during care planning. A treatment plan may be clinically appropriate, yet difficult to sustain in the patient's daily life.

These are not abstract issues. They influence adherence, satisfaction, avoidable utilization, and trust in the health care system.^{3,4} For example, a patient discharged with new medications may appear to understand instructions yet return days later because language barriers, low health literacy, or cost concerns were not fully identified during discharge planning. When nurses are equipped to recognize and respond to these barriers, care improves.⁵

Why This Matters in North Carolina

North Carolina is a state of remarkable diversity in geography and community need. It includes world-class academic medical centers, rapidly expanding metropolitan regions, military communities, agricultural counties, coastal communities, and rural areas where provider shortages remain an ongoing challenge. North Carolina is home to one of the nation's largest rural populations.¹ The state is also home to more than 130,000 American Indian residents, representing the second largest American Indian population east of the Mississippi River, and its foreign-born population has grown by more than 30% over the past decade.^{6,7} These demographic characteristics contribute to a complex and evolving health care landscape and underscore the importance of preparing nurses to communicate effectively and adapt care to the needs of the communities they serve.

No single model of care fully fits every setting. In many communities, nurses are among the most visible and trusted health professionals. They educate patients, coordinate care transitions, manage chronic conditions, support caregivers, lead prevention efforts, and connect families with resources. Their effectiveness depends not only on clinical judgment, but also on their ability to understand the context in which health decisions are made.

Consider a patient with heart failure who lives alone and has limited transportation. Consider a parent navigating a child's asthma while working two jobs. Consider an older adult with multiple chronic conditions who relies on family members to interpret health information. In each scenario, excellent care requires more than diagnosis and treatment. It requires communication, flexibility, and the ability to tailor care to lived realities.

That is culturally competent care, and it is essential in every county of this state.

A Workforce Advantage for Employers

Employers consistently seek nurses who can succeed in complex, team-based, high-accountability environments. Clinical skills remain foundational, but today's highest-performing nurses also bring adaptability, emotional intelligence, strong communication skills, and the ability to engage patients from varied backgrounds.

Those capabilities can strengthen recruitment and retention. Nurses are more likely to remain in organizations where they feel prepared to care for patients effectively and where patient-centered practice is genuinely supported. Likewise, organizations that invest in professional development send a clear message that excellence includes both technical and relational competence.⁸

There is also a strong quality case for investment. Effective communication can improve patient understanding, strengthen self-management, and reduce preventable breakdowns in care.^{3,4} In a health care environment increasingly focused on outcomes and experience, these competencies carry meaningful operational value.

For North Carolina, workforce development is not solely about recruiting more nurses into practice. It is also about preparing nurses to succeed, remain in the profession, and advance into leadership roles. Retention and career mobility matter as much as pipeline growth. Competencies that strengthen confidence, communication, and patient connection can support all three.

Creating Growth Opportunities for Nurses

Cultural competence also expands professional pathways. At the bedside, it enhances daily practice. Beyond the bedside, it prepares nurses for leadership in care management, population health, community outreach, education, advanced practice, and executive roles. As careers progress, nurses are often expected to lead teams, manage conflict, build partnerships, mentor learners, and represent their organizations in the community. Technical expertise alone may not be sufficient for those responsibilities.

Nurses who advance into these roles are often those who can connect across differences, communicate with credibility, and lead with awareness of the communities they serve. For early-career nurses, these skills can increase confidence and readiness. For mid-career professionals, they can support advancement. For senior leaders, they are indispensable.

The Responsibility of Education and Practice

Preparing nurses for this future requires shared accountability between educators and employers. Schools of nursing should integrate these competencies throughout the curriculum rather than isolate them in a single lecture or course. Simulation, reflective learning, community-based

experiences, and interprofessional education can all strengthen readiness for practice. Students should graduate prepared not only to perform tasks, but to navigate complexity.⁹

Employers must continue that development after graduation. Orientation, nurse residency programs, charge nurse preparation, and leadership development initiatives should include communication across differences, health literacy, interpreter utilization, trauma-informed approaches, and strategies for community engagement.⁵ When academia and practice align around these expectations, the transition to practice is strengthened and workforce readiness improves.

A Practical Agenda for North Carolina

North Carolina can move this work forward through practical, outcomes-driven action. A strong statewide agenda should focus on five priorities: embedding communication and patient engagement skills into workforce development programs; expanding continuing education in health literacy, language access, and trauma-informed care; strengthening academic-practice partnerships that expose learners to varied community settings; advancing nurse leadership development focused on team management, partnership building, and community responsiveness; and recognizing organizations and professionals who demonstrate excellence in patient-centered care. These are achievable steps that align with goals already shared by health systems, educators, and policymakers.

Conclusion

North Carolina's future health depends in part on the strength of its nursing workforce. Building that workforce involves more than filling vacancies. It requires preparing nurses for the realities of modern practice and creating pathways for long-term professional growth.

Culturally competent care should not be viewed as an optional add-on to nursing. It is a practical skill set that improves care delivery, strengthens organizations, and prepares nurses to lead in an increasingly complex state. If North Carolina is serious about workforce development, culturally competent care should be part of the strategy. Investing in these capabilities will help build a workforce that is clinically excellent, professionally agile, and prepared to meet the needs of every community in the state.

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Declaration of Interests

The author reports no conflicts of interest.

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