

## Cultural Humility in Nursing: Honoring Our Commitment

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### Introduction

*Make it simple. Make it plain.*

Our cultures differ, but our humanity is shared. While traditions and beliefs vary, the value we place on culture is universal. We are different, yet the same.

The oath of every nurse is to do good and to protect patients from harm. To fulfill this oath, we must respect patients as holistic beings and meet them where their health challenges require skilled and compassionate care. While scientific and evidence-based practice are fundamental to ensuring optimal patient outcomes, at the heart of nursing practice lies the recognition that patients are more than symptoms or diagnoses; they are unique wholes shaped by culture, identity, and lived experience.

From this framework, cultural humility becomes essential to everyday nursing practice. Unlike cultural competence, which emphasizes knowledge and skills, cultural humility is a lifelong process of self-reflection, openness, and respect for another's point of view. Tervalon & Murray-Garcia (1998) coined the term "cultural humility," acknowledging that no nurse can fully master the breadth of human diversity, but every nurse can commit to listening, learning, and honoring the perspectives of patients and communities (Robinson et al., 2021; Tervalon & Murray García, 1998). To honor one culture is never to diminish another; it is to affirm that all humans deserve dignity, empathy, autonomy, and respect, even when beliefs or practices differ.

Cultural humility is a foundational value in nursing and an essential component of ethical, patient-centered care. As nursing students enter an increasingly diverse healthcare environment, cultural humility provides a framework for honoring patients as whole persons shaped by culture, identity, and lived experience. This article presents cultural humility as a lifelong professional commitment grounded in self-reflection, openness, and respect. Drawing on Leininger's and Watson's theories, it highlights how cultural humility supports holistic care, strengthens professional identity, and advances health equity. Embracing cultural humility early in professional formation prepares student nurses to practice compassionately, with integrity and respect.

**Keywords:** Cultural humility, patient-centered care, nursing ethics, professional identity, holistic nursing care, student nurse development

Madeleine Leininger's *Transcultural Nursing Theory* informs us that cultural identity profoundly affects health and belonging. Leininger emphasizes that culturally congruent care is critical to positive health care outcomes. The *Transcultural Nursing* theory emphasizes respect for individuals' caring values, expressions, and health-illness beliefs and patterns of behavior – their cultural identities (Leininger, 2002). Yet cultural identity is often narrowly viewed as ethnicity alone. Identity is multifaceted: spiritual, geographical, socioeconomic, and

more. These dimensions influence how individuals define health, illness, and belonging. Cultural humility requires nurses to recognize these dimensions, avoid assumptions, and care for patients holistically rather than in part.

### Defining Cultural Humility

Cultural humility is not an optional skill, but a professional commitment to shape practice that engages patients, families, and communities respectfully. Unlike cultural competence, which emphasizes knowledge and technical

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skills, cultural humility requires ongoing self-reflection, openness to building caring relationships, and recognition of patients' expertise in their own identity (Lekas et al., 2020). Showing cultural humility means being willing to accept another's understanding and expression of their existence.

Even within shared ethnic, religious, or geographic groups, values may diverge (Kibakaya & Oyeku, 2022). Individuals define identity, health, and belonging in different ways, on their terms. For example, some may see ethnicity as secondary to humanity, while others may view ethnicity as inseparable

In working with students from educationally disadvantaged backgrounds, faculty acknowledge that traditional study methods may be insufficient. Humility is reflected in a willingness to adapt instructional approaches, including the intentional use of resources such as UWorld NCLEX preparation tools to support diverse learning needs.

from their dignity and well-being because of historical experiences of exclusion. Cultural humility requires nurses to recognize these differences without judgment, and to provide care that respects each patient's unique worldview.

Intentionality is central to cultural humility. In nursing practice, humility is expressed through deliberate choices: pausing to reflect on one's own biases, listening carefully to patients' narratives, and adapting care to align with cultural values. In leadership, humility means fostering environments of mutual respect where diversity is not only acknowledged but also embraced. Cultural humility is founded on the principle that it is impossible to know everything about human diversity. However, it is always possible to remain open, curious, and respectful of diverse cultural perspectives. It is a continual, lifelong process (Robinson, 2024).

## Ethical Foundations of Nursing and Humility

The ethical foundation of nursing is built on the promise to "do good" and "do no harm." This oath is not only about clinical skill but about the moral responsibility to treat patients as whole beings. Cultural humility strengthens this foundation by reminding nurses that ethical care requires more than technical expertise – it requires respect for the diverse identities, values, and beliefs that shape each patient's experience of health and illness. As the Code of Ethics for nursing maintains, nursing is intentional in its "interventions, advocacy, and support to eliminate harmful acts, words, and deeds" (American Nurses Association [ANA], 2025, Provision 1). The goal of nursing is to give voice to those traditionally unheard, unrecognized, and unwelcome; thereby, building a culture of respect for all persons.

Holistic care requires not only clinical skill but recognition that patients are

more than symptoms or diagnoses. Their cultural identities influence how they define wellness, suffering, and dignity. Cultural humility ensures that nurses do not impose their own assumptions but instead listen to patients' perspectives and adapt care to align with what matters most to them.

Ethical nursing practice also recognizes that patients may prioritize different outcomes. For some, the quantity of days lived may outweigh the quality of those days. For others, quality of life takes precedence, with cultural traditions and values guiding care decisions. Cultural humility equips nurses to navigate these differences with empathy, ensuring that care honors the science of health and the humanity of the patient.

### Case vignette:

*Consider a patient with advanced heart failure who is offered aggressive treatment options. The medical team emphasizes prolonging life, but the patient, guided by cultural and spiritual beliefs, values comfort and the ability to remain at home with family. Without cultural humility, the nurse might focus solely on extending life at all costs. With humility, however, the nurse listens to the patient's priorities, acknowledges the cultural and spiritual dimensions of their decision, and advocates for a care plan that balances medical safety with dignity and quality of life.*

In this way, cultural humility is integral to nursing ethics. It reinforces the profession's invisible social contract with humanity: to protect, to heal, and to respect the dignity of every person, regardless of background or belief (ANA, 2025).

## Dimensions of Cultural Identity

Cultural identity is often narrowly viewed as ethnicity alone. While ethnicity is important, it is only one dimension of identity. Identity is multifaceted and

shaped by a variety of influences that affect how individuals define health, illness, and belonging.

**Ethnicity:** Visible markers of heritage and tradition that often shape language, diet, and health practices.

**Spiritual identity:** Faith traditions such as Christianity, Islam, Judaism, or other belief systems that guide meaning, coping, and decision-making.

**Geographical identity:** Urban or rural settings, regional traditions, and community structures that influence access to care and health behaviors.

**Socioeconomic status:** Education, income, and occupation, which profoundly affect health equity, access to resources, and perceptions of wellness.

These dimensions are not all-inclusive, but they illustrate the scope of cultural identity. Within each, individuals may hold diverse perspectives. For example, two patients from the same ethnic background may differ in how they interpret illness or prioritize treatment, just as two patients from similar socioeconomic circumstances may hold different views on health and quality of life.

Cultural humility requires nurses to recognize this diversity, avoid assumptions, and provide care that respects patients not in part, but holistically. By acknowledging that identity is complex and layered, nurses can better understand the cultural contexts that shape patient decisions and community health. Thereby avoiding judgment and providing optimal care.

## Theoretical Foundations Supporting Cultural Humility

While cultural humility is a professional commitment expressed in daily practice, nursing theory provides a framework to understand why it matters. Madeleine Leininger's *Transcultural Nursing Theory* emphasizes that culturally congruent care – care aligned with patients' values, beliefs, and practices – is essential to health and healing. Jean Watson's *Theory of Human Caring* complements this perspective by centering nursing on empathy, dignity, and authentic human connection (Cohen, 1991). Grounded in years of research and practice, their combined approach to care is valid.

Together, these theories reinforce cultural humility as a cultural and rela-

tional commitment. Where Leininger provides a lens for seeing patients within their cultural contexts, Watson offers a posture of caring that ensures those contexts are honored. Cultural humility bridges the two, reminding nurses that while theory guides practice, humility ensures that care remains responsive, respectful, and deeply human.

## Practicing Cultural Humility in Nursing

Cultural humility is lived out in practice, not only understood in theory. It requires nurses to move beyond knowledge of culture into intentional actions that shape patient care, education, and leadership.

**At the bedside:** Humility is expressed through listening, pausing to reflect on personal biases, and adapting care to align with patients' values. For example, a nurse caring for a patient with dietary restrictions rooted in faith traditions demonstrates humility by respecting those practices and collaborating with the patient to find safe, culturally congruent options.

**In education:** Nursing faculty model humility by creating inclusive classrooms that welcome diverse perspectives. This means acknowledging that students bring cultural identities and lived experiences into their learning. Faculty who practice humility foster belonging, encourage dialogue, and prepare graduates to deliver care that is evidence-based and culturally responsive.

**In leadership:** Nurse leaders demonstrate humility by shaping environments of mutual respect and equity. This includes developing policies that address social determinants of health, supporting diverse faculty and staff, and ensuring that institutional practices reflect the values of inclusion and dignity. Leadership grounded in humility strengthens trust within communities and advances health equity.

Practicing cultural humility is not a checklist but a lifelong process. It is the daily choice to listen, to learn, and to adapt. Whether at the bedside, in the classroom, or in the boardroom, humility ensures that nursing remains a profession rooted in science and humanity.

## Conclusion

Cultural humility is not an optional skill but a professional commitment that

shapes nursing practice, education, and leadership. It is rooted in the ethical foundation of nursing, strengthened by theories of culture and caring, and expressed through intentional choices at the bedside, in the classroom, and within institutions.

By acknowledging the complexity of cultural identity (ethnicity, spirituality, geography, socioeconomic status, and beyond), nurses recognize that no single framework can capture human diversity. Cultural humility does not seek mastery of differences; instead, it calls for openness toward, reflection on, and respect for those differences.

Leininger's transcultural lens and Watson's human caring remind us that nursing is science and humanity. Cultural humility bridges these perspectives, ensuring that care is not only clinically effective but also deeply responsive to the values and dignity of patients, families, and communities.

As nursing continues to evolve, cultural humility remains an opportunity to strengthen our commitment to our community. The imperative is to strive to listen before acting, honor before prescribing, and care in ways that affirm the humanity we all share. In cultural humility, nurses can heal not only the body but the whole person within the context of culture, community, and belonging. **DN**

## References

- American Nurses Association. (2025). *Code of ethics for nurses with interpretive statements*. American Nurses Association. <https://codeofethics.ana.org/home>
- Cohen, J.A. (1991). Two portraits of caring: A comparison of the artists, Leininger and Watson. *Journal of Advanced Nursing*, 16(8), 899-909. <https://doi.org/10.1111/j.1365-2648.1991.tb01794.x>
- Kibakaya, E.C., & Oyeku, S. (2022). Cultural humility: A critical step in achieving health equity. *Pediatrics*, 149(2), e2021052883. <https://doi.org/10.1542/peds.2021-052883>
- Leka, H.M., Pahl, K., & Lewis, C.F. (2020). Rethinking cultural competence: Shifting to cultural humility. *Health Services Insights*, 13, 1-6. <https://doi.org/10.1177/1178632920970580>
- Robinson, D., Masters, C., & Aziz, A. (2021). The 5 Rs of cultural humility: A conceptual model for health care leaders. *American Journal of Medicine*, 134(2), 161-163.
- Robinson, J. (2024). Utilizing cultural humility as a tool to support diversity in clinical research. *Clinical Researcher*, 38(1), 22-29. <https://acrpn.net.org/2024/02/16/utilizing-cultural-humility-as-a-tool-to-support-diversity-in-clinical-research>
- 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. <https://doi.org/10.1353/hpu.2010.0233>