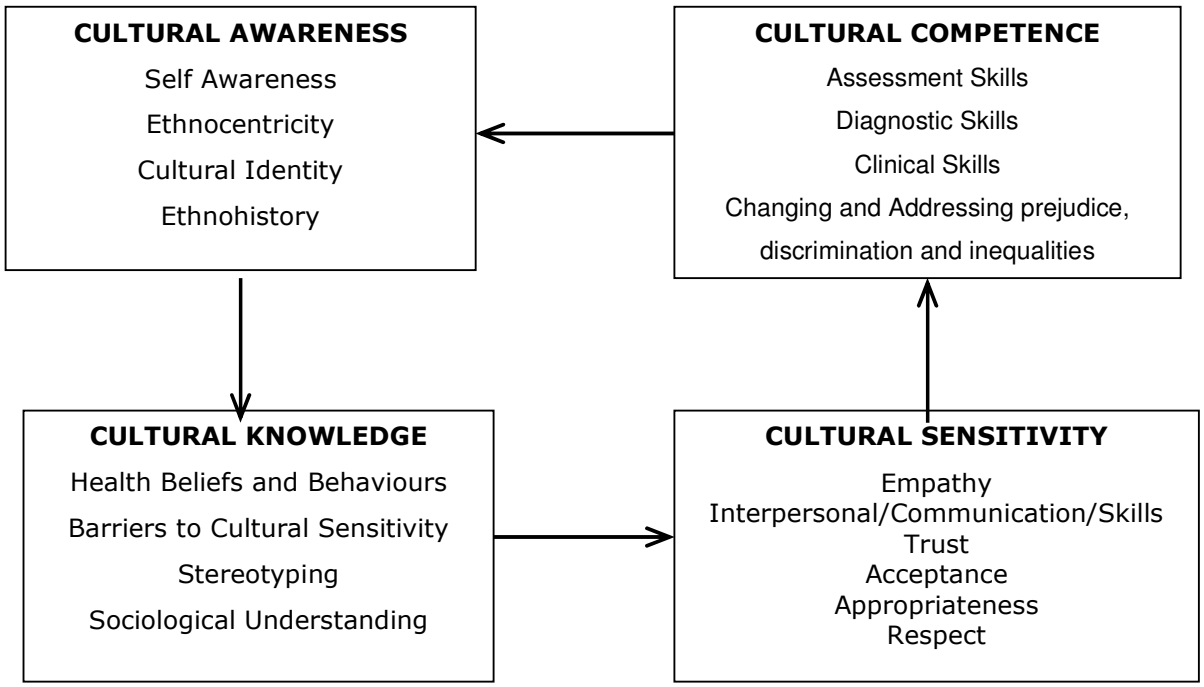
Papadopoulos, Tilki and Taylor Model
for Development of Transcultural Competence (1998)



As can be seen above the model consists of four stages.

The first stage in the model is **cultural awareness** which begins with an examination of our personal value base and beliefs. The nature of construction of cultural identity as well as its influence on people's health beliefs and practices, are viewed as necessary planks of a learning platform.

Cultural knowledge (the second stage) can be gained in a number of ways. Meaningful contact with people from different ethnic groups can enhance knowledge around their health beliefs and behaviours as well as raise understanding around the problems they face. Through sociological study we should learn about power, such as professional power and control, or make links between personal position and structural inequalities. Anthropological knowledge will help us understand the traditions and self care practices of different cultural groups thus enabling us to consider similarities and differences.

An important element in achieving **cultural sensitivity** (the third stage), is how professionals view people in their care. Dalrymple and Burke (1995) have stated that unless clients are considered as true partners, culturally sensitive care is not being achieved; to do otherwise only means that professionals are using their power in an oppressive way. Equal partnerships involve trust, acceptance and respect as well as facilitation and negotiation.

The achievement of the fourth stage (**cultural competence**) requires the synthesis and application of previously gained awareness, knowledge and sensitivity. Further focus is

given to practical skills such as assessment of needs, clinical diagnosis and other caring skills. A most important component of this stage of development, is the ability to recognise and challenge racism and other forms of discrimination and oppressive practice. It is argued that this model combines both the multi-culturalist and the anti-racist perspectives and facilitates the development of a broader understanding around inequalities, human and citizenship rights, whilst promoting the development of skills needed to bring about change at the patient/client level.

In order to be culturally competent researchers need to develop both **culture-specific** and **culture-generic** competences. Culture-specific competence refers to the knowledge and skills that relate to a particular ethnic group and that would enable us to understand the values and cultural prescriptions operating within a particular culture. Culture-generic competence is defined as the acquisition of knowledge and skills that are applicable across ethnic groups (Gerrish & Papadopoulos 2000).

Conclusion

The Papadopoulos, Tilki and Taylor (1998) model for transcultural competence development aims to help us deliver culturally competent care, that ultimately ensures high quality care for all.

Reference:

Dalrymple J and Burke B (1995): **Anti-Oppressive Practice. Social Care and the Law**. Open University. Bucks.

Gerrish K and Papadopoulos I (1999**): Transcultural competence: the challenge for nurse education**. BJN, Vol 8 No 21, pp1453-1457. ISSN 0966-0461

Papadopoulos I, Tilki M and Taylor G (1998**): Transcultural Care: A guide for Health Care Professionals.** Quay Books. Wilts. (ISBN 1-85642-051 5)