The purpose of this study was to determine how health care organizations can support nurses in the delivery of culturally competent care.

**Background**

- Culturally competent care not yet a reality
- Health care providers:
  - Lack Knowledge and awareness
  - Experience communication difficulties
  - Lack organizational support

**Specific Research Questions**

- What challenges do nurses face when caring for culturally and linguistically diverse clients?
- How do nurses view the organizational supports for c.c. care that already exist?
- What additional supports are needed from the organization in facilitating the delivery of culturally competent care?

**Implications for Practice**

- Avoid use of bi-lingual co-workers
- Do not try to “wing it”
- Use trained interpreters
- Inform patients of language services
- Use audio visual aids
- Pursue training on cultural competence
- Voice concerns to managers
- Educate administration on relevant policies such as CLAS
- Prove the business case to administration

**Implications for Theory**

- First use of Gilbert’s Model in nursing research
- Validates components of CLAS
- Changes the focus from caregiver to organization
- Adds to the gap in the literature on organizational competence
- Gives nurses a voice in their needs