



Erasmus+



Transcultural Nursing Care – Respect for Diversity

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Plan of the lecture

- ❖ Culture – attempt to define the notion
- ❖ Transcultural nursing by Madeleine Leininger
- ❖ Cultural competence in geriatrics
- ❖ Cultural sensitivity in geriatrics
- ❖ Examples of good practices - Project HealthProElderly
- ❖ Conflicts of values and moral distress of nurses

Culture

According to Taylor (1971) culture can be defined as a "complex phenomenon which includes knowledge, beliefs, art, law, morality, customs and any other capabilities and habits acquired by man as a member of society".

Culture

Culture it is the way of life of a population, including shared knowledge, beliefs, values, attitudes, rules of behavior, language, skills, and world view among members of a given society. It shapes human behavior because it is the foundation of beliefs about "proper" ways to live (McBride).

Culture

„Culture is everything about people: the way they live, the way they view things, the way they do things;...]. Culture shapes individuals' experiences, perceptions, decisions and how they relate to others.
[Bearski R.L.B., 2011]

Transcultural nursing by Madeleine Leininger (1925-2012)

Madeleine Leininger developed her Theory of Culture Care Diversity and Universality in the 70s. with the goal to provide culturally congruent holistic care.

For Her, culture-specific care is the art of using culture-specific knowledge and making it fit with clients' needs, values and desires for cultural and health care reasons.



Transcultural nursing by Madeleine Leininger (1925-2012)

Leininger described two kinds of caring that exist in every culture:

-**generic caring** – it is the oldest form of caring. Is often referred to as the folk caring or folk practices of a particular culture.

-**therapeutic caring** – it is cognitively learned, practiced and transmitted through formal and informal professional education.

These two kinds of caring very often do not fit together.

In order to provide culturally congruent care, professionals should link and synthesize generic and professional care knowledge to benefit the patient.

Three models are helpful:

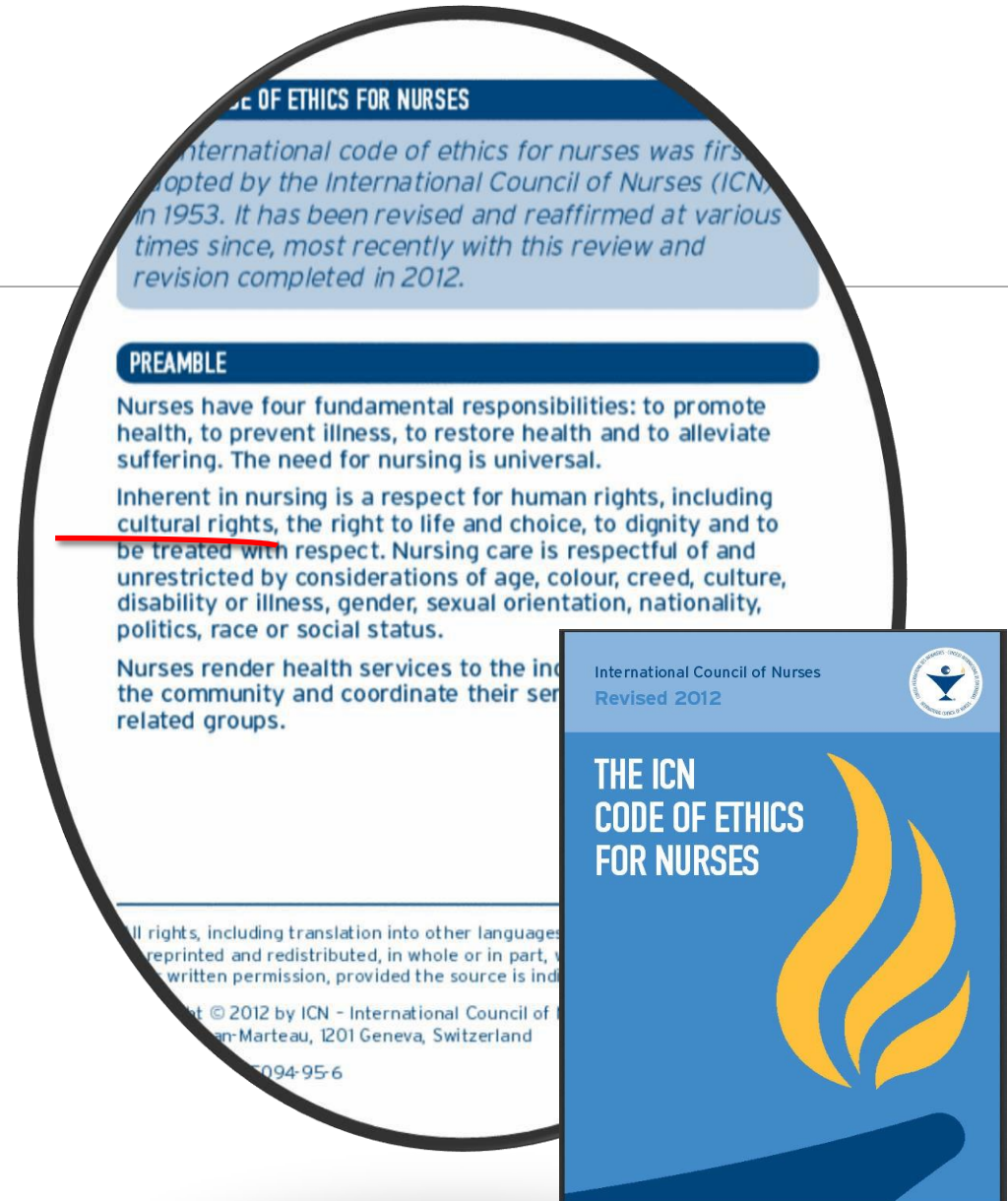
- 1.cultural care preservation/maintenance;
- 2.cultural care accommodation/negotiation;
- 3.cultural care repatterning/restructuring.

The need for transcultural nursing

As nurses we need cultural competences and cultural sensitivity, especially in the context of growing migration (both, patients and nurses) and reality of practicing nursing in multicultural societies.

Cultural beliefs and practices influence an individual's health behaviours including choices and use of health care services.

We should also take care for cultural safety of the patient. Cultural safety ==> culturally safe care.



Cultural safety ==> culturally safe care

Culturally unsafe nursing practice includes „actions which diminish, demean or disempower the cultural identity and well-being of an individual.“

Culturally safe nursing practice involves „actions which recognise, respect and nurture the unique cultural identity of the patient, and safely meet his needs, uphold his rights“

[Polaschek, 1998]

Cultural Competences

Cultural competences in nursing refers to the skills, knowledge and attitudes required to provide care with consideration for various cultural differences.

But! Cultural competency does not require knowing everything about every culture or trying to forget one's own culture and cultural identity – it means rather respecting differences and being willing to accept the fact that there are many ways to view the world.

[Bearskin R.L.B., 2011]

Special cultural needs of the elderly

The older patients have difficulties to adapt, to acculturate, their personal experience is longer that is why their beliefs, habits,

attitudes are stronger...

Old people from minority ethnic groups live with several different health conditions (comorbidity). They very often have financial problems, they are very often socially marginalized and have problems with accessing health care system or some cultural barriers to do so.

They have problem with understanding information regarding their health condition because of age problems and also because of lack of ability to speak different language...

Additionally, very often religious aspects are more important for them at this stage of life.

Old persons are in danger of ageism and when they represent different culture they are additionally under risk of racism...

That is why:

Cultural safety in geriatrics should be considered not on micro level (patient – nurse relationship) but also on macro level: paying attention to the disparities in health care; improving access to health care for all
into a different culture...

Cultural Competence in Geriatrics (McBride)

This is an ability to give health care in ways that are acceptable and useful to older persons because it is congruent with their cultural background and expectations.

At the provider level, it has been described as including the demonstrated integration of:

- 1) Awareness of one's personal biases and their impact on professional behavior;
- 2) Knowledge of: (-) population specific health-related cultural values, beliefs, and behaviors; (-) disease incidence, prevalence or mortality rates; (-) population-specific treatment outcomes;
- 3) skills in working with culturally diverse populations.

At the institutional level, it can be viewed as those systems of care that acknowledge the importance of culture, assess cross-cultural relations, are alert to cultural differences and their repercussions and adapt services to meet cultural needs.

Culturally sensitive care in geriatrics – ethnogeriatric assessment (McBride)

Ethnicity

- It is good to ask about ethnicity of the old patient (as He identify Himself);
- Do Ÿot assess patieŸt's ethŸiĐitLJ |isuallLJ d'eĐause it soŵetiŵes ŵaLJ d'e the Đause of ŵisuŸderstaŸdiŸg duriŸg Đare proĐess

Acculturation

- It is good to know how long the patient lives in this city/country;
- And what is the level of integration of cultural beliefs, values, and practices of the society into His system of beliefs and values;
- It helps to ideŸtifLJ siŵilarities aŸd differeŸĐes d'et||eeŸ this old patieŸt aŸd the so Đalled „Đultural ŵajoritLJ

Religion and spirituality

- It is fundamental to ask about religion of the patient and specific church affiliation, spiritual beliefs
- It ĐaŸ help to uŸderstaŸd the patieŸt's Ÿeeds aŸd soŵe health d'eha|ours duriŸg ŸursiŸg Đare (dietary behaviours, end-of-life care, etc)

Patterns of decision making

- It is very helpful to be aware how the decisions regarding the patient health should be made e.g. individually (if it is possible considering health condition) or together with family members.

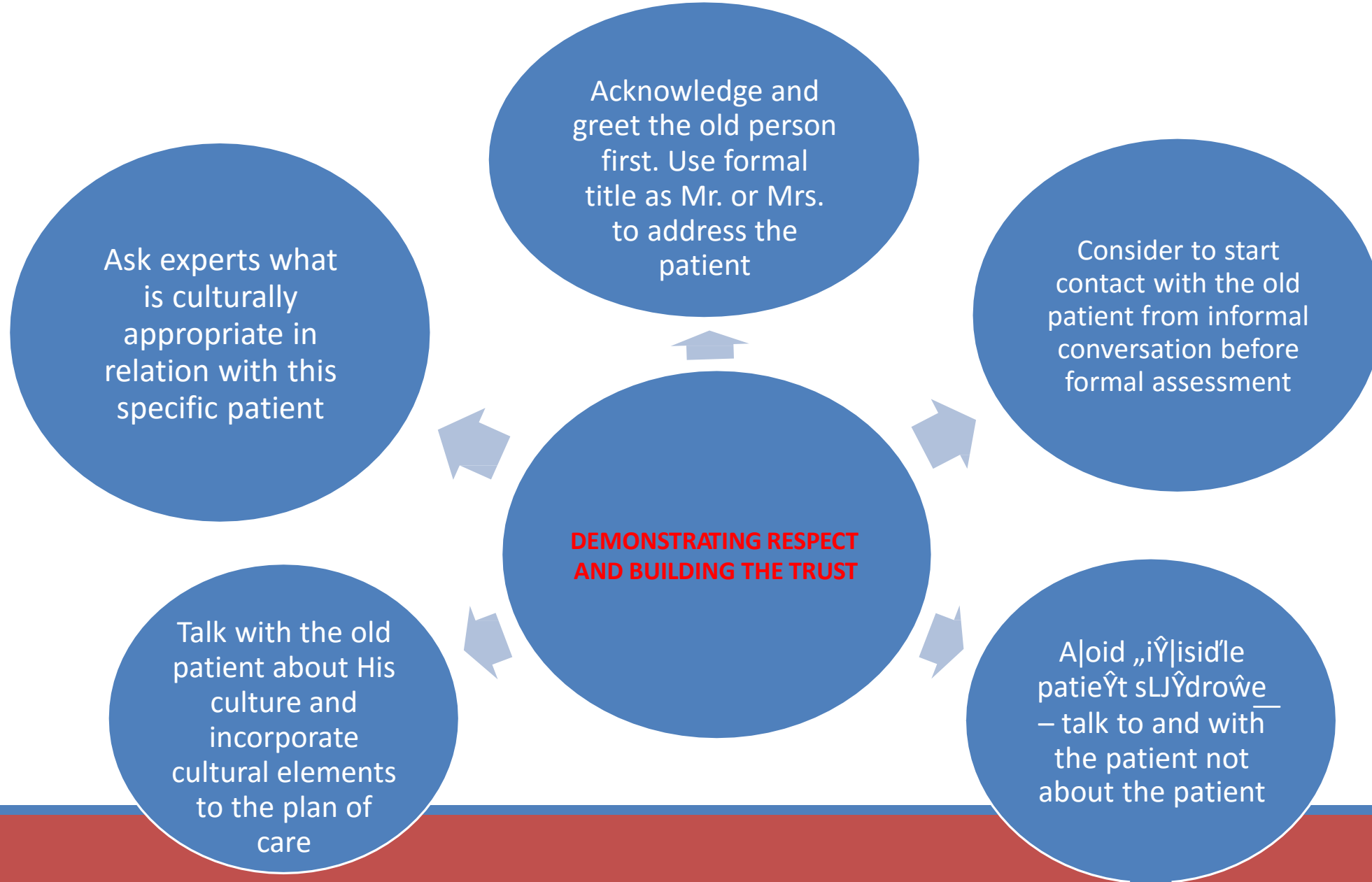
Preferred interaction patterns

- It is very important to know what language is preferred by the old patient to communicate regarding His health status and decisions.

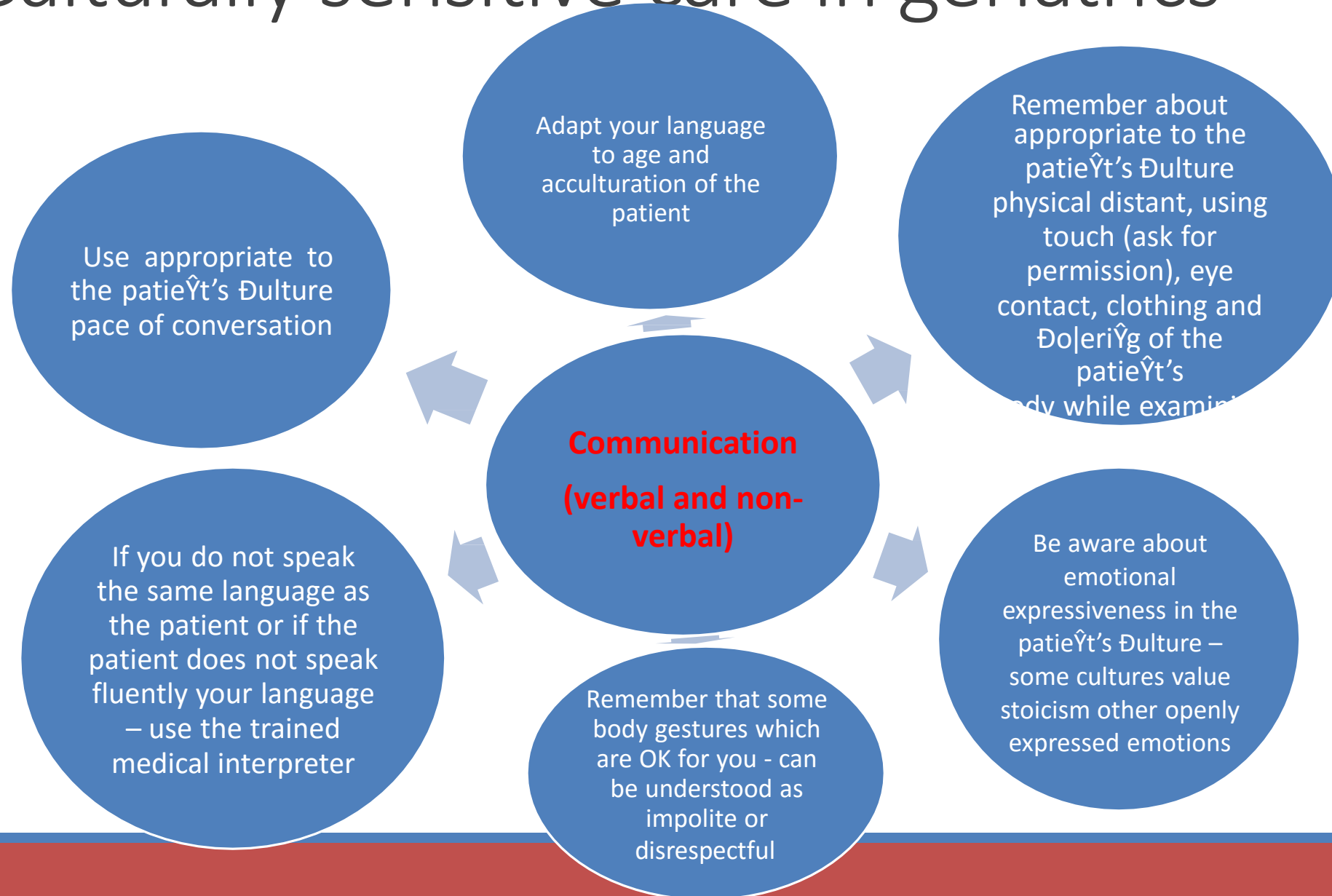
What can help to support dignity of elders from ethnic minority [RCN, 2008]

- Find out as much as you can about the cultural and religious beliefs and practices of the older person you are caring for.
- Make sure that specific cultural/religious requirements are detailed in the care plan and recorded in notes so that they can be monitored and reviewed.
- Ensure that the patient and their family have all the information they need, in an appropriate format. Try to be aware of family dynamics, too – sometimes, under cover of culture and religion, families may try to deny the patient access to information.⁷
- If essential information printed in the right language is not available, or the patient cannot read it, consider using other media such as an audio-recording in the patient's own language. It is particularly important to explain the treatment where patient consent is required for a clinical procedure. Avoid relying on family members for such explanations.⁸
- In your assessment, check that the patient's health needs have been fully assessed, and that they and their family/carers have understood the diagnosis and any information they have been given.
- Don't assume that the older person and their family/carers understand different terms and services (e.g. 'home care', 'social workers' or 'district nurse'). Explain what services/professionals do.

Culturally sensitive care in geriatrics (McBride)



Culturally sensitive care in geriatrics



Example

„AŶ AŵeriĐaŶ patieŶt, JohŶ, iŶ health Đare settiŶg iŶ ChiŶa ŵight ŶotiĐe that his nurse, Liu, does not establish intimacy through touch, nor does she maintain eye contact with him. If he fails to consider their cultural differences, this might lead the patient to believe that his prognosis is much worse than it really is.

A Chinese patient in health care setting in America might be taken aback by his Ŷurse's had'it of ŵaiŶtaiŶiŶg eLJe ĐoŶtaĐt ||ith hiŵ aŶd ŵakiŶg touĐh a part of her communication. He might fail to make allowances for their cultural differences. This might lead the patient to believe that his nurse is being rude and ĐoŶteŵptuous of hiŵ_

[Zoucha & Husted, 2000]

Culturally sensitive care in geriatrics

Other aspects which should be considered if it is possible:

- the gender of nurse who is going to take care for this specific patient (e.g. in Muslims society it is preferred to be cared by provider of the same sex as the patient);
 - dietary preferences;
 - preferences regarding hygiene (in some cultures only family can wash the whole body of the patient);
 - visiting patterns (e.g. in Gipsy families)
 - end-of-life care
- And many others...

Exam

Working with older people from ethnic minorities



Photo: Sally Cooke

Minority ethnic elders and dignity

In 2007 Help the Aged carried out work to review the meaning of dignity in care and how services could be assessed in practising it. Nine key areas of care were identified where dignity is a fundamental requirement: personal hygiene, eating and nutrition, privacy, communication, pain, autonomy and choice, personal care, end of life, and social inclusion.¹ Your aim as a health professional should be to ensure that an older patient's ethnicity never becomes an excuse for paying less attention to their right to dignity, and to the flexible, person-centred care that lies at the heart of it.

What is it like for elders from minority ethnic communities to be in hospital?

'When I was in hospital after my first heart attack the nurses were not very kind. Maybe they were too busy, but if I asked for something I wouldn't get it. If I asked them for an extra pillow to raise my head, they would say, "You're not the only patient here." They did not like the smell of the oils that I was using and I had to keep asking for a jug of water to wash before my prayers. No one remembered.'

What is it like to be in hospital when you don't speak English?

'Because I don't speak English I didn't understand what was happening. They would ask me to take off my clothes and put on the hospital gown and they would take x-rays of my chest but I didn't know why or what for. Once the x-ray was done, I would leave the room and would not understand why they had taken the x-ray.'

ID7733 Minorities 2 3/9/08 20:00 Page 14

As part of its Dignity on the Ward campaign, Help the Aged commissioned a series of pocket guides that began with *Minority ethnic elders and dignity*, followed by *Minority ethnic elders and dignity: Promoting Dignity in Hospital, Pain and Loss*, as well as this title, *Working with older people from Ethnic Minorities*. The guides will help hospital staff to understand the needs of vulnerable older patients and their families, and to appreciate more fully the importance of a person-centred approach.

£2.00
ISBN 978 1 84596 037 5
Help the Aged © 2008

and older people in the UK and overseas,

older people are not ignored or denied the dignity and equality that are theirs by right. **PREVENT FUTURE DEPRIVATION** by improving prospects for employment, health and well-being so that dependence in later life is reduced.

Cover photo: Sally Cooke

HELPTHEAGED WE WILL

Dignity on the Ward



Working with older people from ethnic minorities

A guide for hospital staff

'An elderly Bosnian woman being admitted with terminal cancer may present the following challenges for health care staff and organisations: she and her family do not read, speak or understand English; her Muslim faith requires modesty during physical examinations; and her family may have cultural reasons for not discussing end-of-life concerns or her impending death. A culturally and linguistically appropriate response could include interpreter staff; translated written materials; sensitive discussions about treatment consent and advance directive forms; clinical and support staff who know to ask about and negotiate cultural issues; appropriate food choices; and other measures. The provision of these kinds of services has the potential to improve patient outcomes and the efficiency and cost-effectiveness of health care delivery.'

(The Office of Minority Health, USA)

L-E-A-R-N Model in cross-cultural communication

- **L**isten with sympathy and understanding to the patient's perception of the problem
- **E**xplain your perception of the problem
- **A**cknowledge and discuss the differences and similarities
- **R**ecommend treatment
- **N**egotiate agreement

Respectful Practice in multicultural reality

- R** – Reflect deeply on your own cultural values and beliefs
- E** – Examine and question assumptions and biases in practice
- S** – Share and recognise ethical space of nurse-patient relationship
- P** – Participate and celebrate cultural uniqueness
- E** – Engage in relationship building
- C** – Create open and trusting environment
- T** – Treat people with dignity and compassion [Bearskin R.L.B., 2011]

Conflicts of values ...

Among elements of the patient's culture, which may be the basis of conflicts of values are worth to mention: religion, language, culturally specific health habits, family relationships, perceptions of gender roles, perceptions of intimacy and privacy, communication verbal and non-verbal (e.g. touch), rituals that affect health.

It should be noted that there is a difficulty in the proper recognition of behaviours among these cultural elements which are the patient's cultural rights, and which are harmful and should be corrected.

Moral distress

It is some cases, when the conflict of cultural values; the patient's and the nurse's is also of moral character and the nurse has to deal with it very often in her practice she or he can experience kind of moral distress.

It can be experienced as kind of anxiety, guilt, frustration when nurse has to participate or undertake medical procedure which is against her/his moral identity.

Examples of good practices

“Immigration as a Social Resource Rather Than a Source of Fear” (AUSER) (IT-10)

In this Italian project which aimed at overcoming older people’s fear and prejudice against immigrants, the local managers of the association and volunteers of the target groups were involved from the very beginning: they went through an initial self-learning phase and then a second learning phase. They worked as interaction facilitators and were able to plan and manage specific local projects with the direct involvement of the target group of older people.



Evidence-Based Guidelines on Health Promotion for Older People



Funded by



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