What does “cultural competence” mean for nurses practising in acute care settings?

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A “Tapa” as part of my presentation because it is the most common traditional item to most of the Pacific cultures. My thesis was focussed on Pacific people mainly because I am from the Pacific and I acknowledge Tangata Whenua and hope that the findings from my research would inform them about Pacific people and their health in NZ.

Objectives:

- My Story
- My research
- Emergence of culture in Nursing theory in New Zealand
- Definition of Cultural Competence
- Significance of Cultural Competence for Pacific people
- Current Strategies for Pacific Cultural Competence
- Findings from my research
- Recommendations

My Story

In the Pacific, culture and traditions are part and parcel of our upbringing. In Fiji most of the traditional skills like mat weaving, oil making and making traditional leis/ garlands(“salusalu”) is passed down through the female generations. For example, as a young girl, my maternal grandmother taught me how to weave a mat. On the other hand, young males were taught how to perform traditional ceremonies by their fathers and grandfathers. Apart from these cultural skills, we were taught values such as respect, love, family, respect for our kin and our relationship with the land and spirituality.

My Story

These cultural lessons guided our journey in life. As I journeyed through school and later to nursing school, these cultural lessons enabled me to be aware of the different cultures within the three major Fijian confederacies as well as the other ethnic groups which makes Fiji a multicultural nation.

When I studied nursing in Fiji Cultural Competence was not a nursing theory. During this time, the cultural lessons taught at home played a significant part especially when we were placed for a rural attachment in a village during our final year of nursing training. We were able to apply these learnt cultural knowledge and skills while integrating within the village community. (e.g joining the women during mat weaving sessions which allowed a safe environment to raise awareness on women's health such as the importance of breast and cervical screening- these were sensitive issues and considered a “taboo” to talk about in general.) These cultural knowledge became a part of my nursing practise when I graduated and worked in various sub-divisional hospitals around Fiji.

My Story

- **Dialogue**

- **Male nurse:** Mrs J. would you like to have a wash and freshen up for the day?
- **Mrs. J:** Nurse can I have a female nurse to help me with my wash please?
- **Male nurse**: Don't worry, I have seen all that in my 20 years of Nursing

After practising nursing for sometime in NZ, I first came across the term Cultural competence in my assessment for the PDRP and this was an interesting concept.
Later on I came across this dialogue.

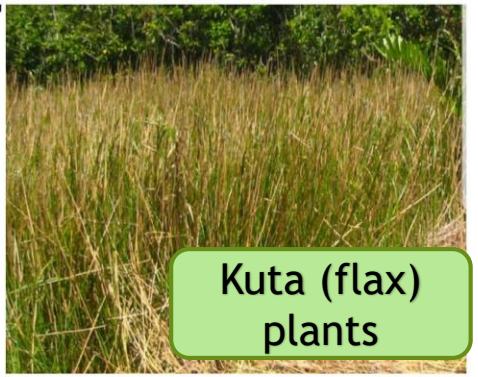
Dialogue: Between a male non- Pacific nurse and a Pacific female patient

Initially I found it disturbing as I found the nurse was culturally insensitive to the Pacific Patient. In our Pacific culture, females would prefer their female relatives to attend to their care. On the other hand, I realised that the nurse was probably not aware of Pacific cultures and so he was unknowingly being culturally insensitive.
This fuelled my curiosity and provided the impetus to further my understanding of what Cultural competence means.

My Research

I Talitali Framework

1. Digitaka (Embark and Clarify)
2. Vakasaqaqara (Find and Generate)
3. Vakasokumuna Vakamatau (Evaluate and Generate)
4. Tuvana (Organise and Manage)
5. Talitali (Analysis and Synthesis)
6. Sevutaki na ibe (Communication and Apply)



Kuta (flax) plants

The finished product

Drying the kuta (flax) in the sun

When I was given the opportunity to study I decided to research Cultural Competence. My study was a small sample, exploratory qualitative study. For ethical reasons, I opted to recruit participants who worked outside of Wellington Regional Hospital. The information from 4 very experienced acute care nurses with >3 yrs of experience, provided the rich data for the study.

As a novice researcher I had to find a research methodology that I understood, so I chose to use a cultural metaphor of mat weaving. This framework is called the “I- talitali”. Since I know the steps of mat weaving, the framework helped me to better understand the steps of research.

This framework was established in 2017 at the University of the South Pacific in Fiji to guide students in their research.

My Research

The main objectives were:

- To explore registered nurse's understandings of cultural competence
- To identify how their understanding and knowledge of cultural competence impacts on their practice and
- To explore how they manage and view the technical demands of their practice alongside the notion of cultural competence.

Emergence of culture in nursing theory in New Zealand

What is culture?

Customs
Values
Norms
Way of life
Sexual orientation
Belief

Before understanding cultural competence, we must first understand the concept of culture and how it became a concept in nursing theory in the NZ context.

Purnell (2005) defined it as the totality of socially transmitted behavioral patterns, arts, beliefs, values, customs, lifeways and all other products of human work and thought characteristics of a population of people that guide their worldview and decision making. Culture is learned first in the family, then in school, then in the community and other social organizations such as the church.

Bennet et al (2005) defined as not being limited to ethnicity and language, it also extends to sexual orientation, religion, socio-economic status and our physical geographical layout. Some of these change over time and so culture is dynamic in nature.

For example, culture of groups of people such as nurses, teachers, young people, older generation and that of your own ethnic group.

Emergence of cultural safety

- Nursing Council of New Zealand Framework

1. **Cultural Awareness-** nurses begin by being aware of who they are, their own cultural values and beliefs

2. **Cultural Sensitivity-** as nurses are aware of their own culture, they will then be able to identify the difference that lies between their own culture and that of others and are mindful of how it will affect their care.

3. **Cultural Safety-** the nurse is able to provide care which considers the perception of the patient to health thus being culturally safe. The nurse meets the criteria for cultural competence.

Culture became a nursing concept
In 1988 when
Irihapeti Merenia Ramsden and other Maori nurses and leaders raised the issues of Māori health disparity in a pakeha dominated health system.

From this movement Cultural safety was a term coined in New Zealand and refers to the ability of nurses being aware of their nursing responsibilities when caring for patients. the endorsement of the guide for cultural safety in nursing and midwifery in New Zealand was a world first in addressing issues of power transfer from health providers to health consumers
In New Zealand today, nurses are guided by the Nursing Council of New Zealand standards and competencies for all nurses and midwives nationwide. In its guidelines is has defined cultural safety as, "The effective nursing practice of a person or family from another culture, and is determined by that person or family. Culture includes, but is not restricted to, age or generation; gender; sexual orientation; occupation and socioeconomic status; ethnic origin or migrant experience; religious or spiritual belief; and disability. The nurse delivering the nursing service will have undertaken a process of reflection on his or her own cultural identity and will recognise the impact that his or her personal culture has on his or her professional practice. Unsafe cultural practice comprises any action which diminishes, demeans or disempowers the cultural identity and well-being of an individual" (Nursing Council of New Zealand (NCNZ), 2011, p, 7).
Irihapeti Ramsden specified that nurses must be culturally self -aware and sensitive in order to obtain cultural safety in their care.

Definition of cultural competence:

1. The ability to effectively work within the cultural context of a client (Campinha-Bacote, 2002)

2. The ability of health systems to provide care to patients with diverse cultures (Betancourt, Green and Carrillo, 2002)

3. Understanding the importance of social and cultural influences on patients' health beliefs and behaviours; considering how these factors interact at multiple levels of the health care delivery system (Betancourt, Green, Carrilo and Ananeh- Firempong, 2003)

It is important to understand the relationship between cultural competence and cultural safety. The two are closely connected. Cultural safety is being self -aware of one's own culture so as to identify a culture that is different from one's own and being culturally sensitive to provide care that is culturally safe. Understanding this concept enables one to be culturally competent.

Significance of cultural competence for Pacific people.

1. Cultural competence can be a door way to improving health outcomes

2. The Pacific views on health should be fully understood and fundamentally bound to the holistic view of health in order to meet the Pacific people's health needs in New Zealand (Mental Health Commission, 2001).

3. Southwick (2001) stated that non-Pacific peoples may stereotype all Pacific peoples as the same and it is imperative that health professionals make proper assessment of the differences in Pacific patients.

→ Health surveys done in 2006-2007 presented with Pacific people's poor nutritional intake, rise in overweight and obesity, high smoking rate for young Pacific men and higher rate of excessive drinking compared to the total population. Statistics also showed that Pacific people's independent life expectancy was lower than other ethnic groups. Prevalence in psychological distress for Pacific adults was high compared to the total population.

→ Little is understood about Pacific people and their worldviews. Suaalii- Sauni & Samu (2005) presented the significance of including cultural competence and appropriate frameworks in the health services to ensure workers are aware of the importance of culture and cultural variations.

→ In order to understand Pacific people's Ieti Lima in 2009 presented the need for Pacific frameworks. Pacific people's preference to models of care which metaphorically illustrates their perspective of health and so improve their health outcomes.

Current Pacific models of care

- The Fonofale – Pan-Pacific Model by Fuimaono K Pulotu- Endemann (2001)
- The Seitapu Model- by Pava (2006)
- The Fonau- a Tongan Model by Sione Tu' itahi (2007)
- The Te Vaka Atafaga- a Tokelauuan Model by Kupa Kupa (2009)
- The Uloa – a Tongan Model by Sione Vaka (2016)

These frameworks are used mostly in mental health and primary health care but not so much in secondary health care such as in our DHB.

Ieti Lima (2009) suggested that these pacific models need to be critiqued and evaluated to identify their appropriateness and strengthen its credibility through evidence base assessment especially considering the inclusion of Pacific Island New Zealand –born perspectives in the model as most emphasis was on the Island –born Pacific adult perspective. This is known as aculturation.

Findings from the research

1. That the concept of cultural awareness, cultural competence and cultural safety were intertwined despite the fact that these are all different concepts. The participants gave generalised answers when asked to define these terms. This indicates that cultural competence is an area that is not well understood and needs further research.
2. From the narratives, the participants were confident in providing culturally safe care as they identified similarities in their cultures and also appreciated that there are differences.
3. All the participants had a one off training session on cultural safety at the beginning of their employment They all voiced a need for ongoing education and awareness on cultural safety to improve cultural competence.
4. While most agree that cultural competence is as significant as their technical skills, one participant felt it was least important while one deals with technical issues in the ICU, however, while one cares for the patient and family, cultural competence is important.
5. Intensive care units can be overwhelming to patients and families. Pacific peoples have a different interpretation of the situations they encounter especially when they are overwhelmed. In this situation, nurses being in a position of power, must ensure that people are well informed and given the choice to receiving appropriate health care. In part, a person's attitude towards health depends on how they understand their illness and how it is caused. Culture affects how we understand the world around us and is influential in our responses to our surroundings.

Recommendations

Cultural competence can be a door way to improving health outcomes. To improve cultural competence in acute care units there needs to be a better understanding of the concept of cultural awareness, cultural competence and cultural safety. Nurses need to broaden their definition of culture

Cultural competence can be improved as nurses embrace their own culture and move between the two worlds (their own culture and that of the mainstream culture). Culture can be a barrier to providing appropriate health care resulting in poor health outcomes.

Cultural competence is only assessed through the three yearly full professional development record plan of a nurse. This assessment is based on the nurse's understanding of the three principles of the Treaty of Waitangi and its appropriate application. Southwick (2001) stated that reality is that one culture has the power to determine what is culturally safe. She went to say that, cultural safety and competence can only be achieved by acknowledging the evolving and diverse nature of the New Zealand society and that appropriate response is taken for the needs of the Pacific people.

recommended

That acute care services should have a Pacific handbook written by Pacific nurses and patients outlining what nurses need to understand to nurse Pacific patients in a culturally safe manner.

Recommendations

Most of the participants remember having a one-off training on cultural competence since their employment. That training was for Tikanga Māori. Over the past years, they have experienced cultural challenges of other cultures than Māori. However, the assessment tool for cultural safety remains predominantly for Māori. Southwick (2001) supports this stating that one dominant culture determines what is culturally safe. This signifies the need for a broader cultural awareness program where other cultures are acknowledged. The participants agree that these programs need to be more frequent and even suggesting a yearly program. Like having on going education on clinical skills, having on going cultural awareness would also be beneficial. Tiatia-Seath (2008) supports this stating that training should be ongoing and not just a one-off session.

recommended

That monitoring and support for acute care nurses to regularly be involved in education and training about how cultural safety impacts on their nursing practice.

Recommendations

To improve health outcomes, health care must be tailored to suit the health needs of the patient. This requires proper assessment and understanding of the worldview of the patient. Southwick (2001) supports this stating that nurses need to carry out appropriate assessment to provide suitable care. For example, asking the patient's preferences to religion, when to have personal cares done and limitations of visitors. Nurses should not make the general assumption that all Pacific people are religious or that everyone showers twice a day or that everyone likes to have their family and community to visit randomly. In this time of research and technological developments in health, some patients (especially our Pacific patients) are not aware of the services available such as palliative care services and organ donation. Caring for the patient holistically by acknowledging their vulnerability and shift in the position of power enables better understanding of their preferences resulting in provision of culturally safe care.

recommended

That acute care nurses receive adequate training in performing appropriate holistic assessment of their patient to provide culturally safe care rather than relying on assumptions. To be able to understand other cultures, it is imperative that nurses know and appreciate who they are. Knowing who they are will enable them to appreciate the difference and bridge that gap to provide culturally safe care.

VINAKA VAKALEVU!

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