Chapter 1 : Culturally Competent Nursing Care

Nurses' practice must incorporate cultural needs and beliefs into their nursing practice to provide care that is individualized for the client and appropriate to the client's needs. During the assessment phase of the nursing process, the nurse assesses the client's and family member's cultural background, preferences and needs, after which the.

Culturally Competent Nursing Care The increasingly multicultural profile of the US population requires that nurses provide culturally competent nursing care. This reality is especially true in critical care units, where patients with life-threatening illnesses are treated. In these situations, the need for culturally competent care is strikingly evident, as the following anecdote illustrates. As an emergency room nurse in a small rural hospital, I was present when an elderly Native American man was brought to the emergency room by his wife, sons, and daughters. He had a history of 2 previous myocardial infarctions, and his current clinical findings suggested he was having another. The patient died 2 weeks and 2 code blues later, and was intubated and receiving mechanical ventilation for most of that time. No family members were present when he died except for his wife. The rest of his family members were unable to afford the cost of traveling to a healthcare facility that far from home. Lack of cultural awareness and failure to provide culturally competent care can greatly increase the stresses experienced by critically ill patients and can result in inadequate care provided by healthcare professionals. Chinese patients in the study believed that physical energy was depleted during a dyspnea episode and that uninterrupted rest, sleep, and nutritional support allowed the body to recharge afterward. Lack of awareness of these concerns among the intensive care nurses resulted in several comments offered by one Chinese patient. But, how can I relax? I needed the homemade food which was cooked with herbs, and only my wife knew how to make it. Galanti 8 illustrates the importance of culturally competent care with an example of a newborn Vietnamese boy too ill to be discharged home with his mother. Nursing staff were concerned because the mother appeared unable to bond with her new infant. She provided basic care for him, such as feeding and changing his diapers, but refused to cuddle him or show any outward signs of maternal-infant bonding. By consulting a nurse who specialized in transcultural nursing care, the staff learned that many persons from rural Vietnam believe that spirits are attracted to newborns and are likely to harm the infants. Consequently, parents do everything they can to avoid attracting attention to their new infants. The seeming lack of concern and bonding in this case reflected an intense love for the infant, rather than a lack of bonding. Five components of cultural competence were proposed:

Chapter 2 : Cultural Relevance in End-of-Life Care â€" EthnoMed

Everyday routines that the predominant culture takes for granted such as time orientation, eye contact, touch, decision-making, compliments, health-beliefs, health-care practices, personal space, modesty, and non-verbal communication can vary dramatically between cultures, sub-cultures, and religions.

Julie Ferwerda Navigating the unique cultural and religious needs of your patients can be unnerving. You could accidentally offend your patient or their family by not knowing about a crucial cultural practice or you could witness something that goes against your personal beliefs or convictions. Everyday routines that the predominant culture takes for granted such as time orientation, eye contact, touch, decision-making, compliments, health-beliefs, health-care practices, personal space, modesty, and non-verbal communication can vary dramatically between cultures, sub-cultures, and religions. This demands a knowledgeable and open response from caregivers. What can we, as nurses, do to facilitate this trend toward honoring individual choices and beliefs, even when we are not fully aware of them? By incorporating three practices, we can make these interactions both easier and more successful. Awareness One of the most important elements emphasized in pursuit of competent cultural care is identifying your own beliefs and culture before caring for others. It can also shed light on oppression, racism, discrimination, and stereotyping and how these affect nurses personally and their work. As an example, a nurse might learn that a patient participates in folk medicine, which incorporates certain unfamiliar healing rituals, or promotes the ingestion of an array of plant-based concoctions as mixed and prescribed by a healer. Acceptance becomes a powerful tool, but one that demands solidarity between nurse and patient. How can patients love and accept themselves in ways that promote healing if we, as nurses, are not willing to offer them acceptance in their myriad of problems and complexities? Through the simple act of acceptance, nurses can become an agent of healing, whether or not they are aware of it. Asking There is no way nurses can be expected to be aware of and practice cultural sensitivity at all times because most religions and cultures have been developed over centuries and are replete with practices that carry symbolic meaning. When in doubt, the best way to provide sensitive care to patients of diverse cultures is to ask. When you initiate care during your initial assessment, ask if there are any cultural or religious practices or beliefs that you need to know about in order to respect and support their needs. Many of them are used to living out their own subculture within the greater American culture and they will probably know by experience how to educate you on their care. If they are unsure or unaware of their unique needs in the healthcare setting, reassure them that you are willing to adjust your care based on their values if they do become aware of any issues. Encourage them to communicate those needs to you as they happen to arise. Moving Ahead The trend in health care is to allow for more liberty in patient choices and involvement, as well as the ability to carry out their normal practices as much as possible. Sensitive cultural care is not just a phenomenon that takes place when occasionally encountering foreigners in the hospital or providing care to someone of a different religion. It is the result of the awareness that everyone belongs to a unique subculture based on beliefs and practices and the mindful consideration and space given to each and every patient. The conscientious nurse can affirm, respect, and nurture all patients through deliberate awareness, acceptance, and asking. High-paying nursing opportunities abound. As an in-demand nurse, you are in control of your career. Check out the best jobs from coast to coast on our job board. Get the pay and career path you deserve. She has been writing articles and books for many years on a variety of topics including health, fitness, relationships, and spirituality. When she is not working she is exploring the beautiful Northwest.

Chapter 3 : Cultural Awareness and Influences on Health: NCLEX-RN || blog.quintoapp.com

cultural awareness, cultural knowledge, cultural skill, cultural encounter, and. cultural desire. The first component, cultural awareness, involves self-examination and in-depth exploration of one's own cultural and professional background. 9 Cultural awareness should begin with insight into one's own cultural health-care beliefs and values.

Selected Patient Education Resources How culture influences health beliefs All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease. Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces. Cultural issues play a major role in patient compliance. One study showed that a group of Cambodian adults with minimal formal education made considerable efforts to comply with therapy but did so in a manner consistent with their underlying understanding of how medicines and the body work. There are several important cultural beliefs among Asians and Pacific Islanders that nurses should be aware of. The extended family has significant influence, and the oldest male in the family is often the decision maker and spokesperson. The interests and honor of the family are more important than those of individual family members. Older family members are respected, and their authority is often unquestioned. Among Asian cultures, maintaining harmony is an important value; therefore, there is a strong emphasis on avoiding conflict and direct confrontation. Due to respect for authority, disagreement with the recommendations of health care professionals is avoided. However, lack of disagreement does not indicate that the patient and family agree with or will follow treatment recommendations. Among Chinese patients, because the behavior of the individual reflects on the family, mental illness or any behavior that indicates lack of self-control may produce shame and guilt. As a result, Chinese patients may be reluctant to discuss symptoms of mental illness or depression. Some sub-populations of cultures, such as those from India and Pakistan, are reluctant to accept a diagnosis of severe emotional illness or mental retardation because it severely reduces the chances of other members of the family getting married. In Vietnamese culture, mystical beliefs explain physical and mental illness. Health is viewed as the result of a harmonious balance between the poles of hot and cold that govern bodily functions. However, it is possible to accept assistance if trust has been gained. Russian immigrants frequently view U. The Russian experience with medical practitioners has been an authoritarian relationship in which free exchange of information and open discussion was not usual. As a result, many Russian patients find it difficult to question a physician and to talk openly about medical concerns. Patients expect a paternalistic approach-the competent health care professional does not ask patients what they want to do, but tells them what to do. Although Hispanics share a strong heritage that includes family and religion, each subgroup of the Hispanic population has distinct cultural beliefs and customs. Older family members and other relatives are respected and are often consulted on important matters involving health and illness. Hispanic patients may prefer to use home remedies and may consult a folk healer, known as a curandero. Many African-Americans participate in a culture that centers on the importance of family and church. There are extended kinship bonds with grandparents, aunts, uncles, cousins, or individuals who are not biologically related but who play an important role in the family system. Usually, a key family member is consulted for important health-related decisions. The church is an important support system for many African-Americans. Cultural aspects common to Native Americans usually include being oriented in the present and valuing cooperation. Native Americans also place great value on family and spiritual beliefs. They believe that a state of health exists when a person lives in total harmony with nature. Native Americans may use a medicine man or woman, known as a shaman. As can be seen, each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices differ from those of the traditional American health care culture.

Unfortunately, the expectation of many health care professionals has been that patients will conform to mainstream values. Such expectations have frequently created barriers to care that have been compounded by differences in language and education between patients and providers from different backgrounds. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments. In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making. Cross-cultural variations also exist within cultures. Strategies that you can use in working with patients from different cultures as displayed in Table Pay close attention to body language, lack of response, or expressions of anxiety that may signal that the patient or family is in conflict but perhaps hesitant to tell you. Ask the patient and family open-ended questions to gain more information about their assumptions and expectations. Remain nonjudgmental when given information that reflects values that differ from yours. Follow the advice given by patients about appropriate ways to facilitate communication within families and between families and other health care providers. Considerations for health care decision-making.

Chapter 4 : 3 Nursing Practice | Nursing, Health, and the Environment | The National Academies Press

Chapter 4. Cultural Influences on Nursing Care This is an example of a cultural practice that is harmless and may be included in the patient's care. A, B, and C.

They identify and address practice issues and lead the nursing community with respect to improved, expanded, and advanced practice and education. Professional associations also inform the general public about the scientific discipline of nursing and influence external bodies e. Many professional associations are involved in additional activities, such as 1 creating standards of care to delineate the scope of practice and professional accountability, frameworks for measuring patient outcomes, and parameters for practice evaluation; 2 developing codes of ethics to guide ethical decision making and the delivery of ethically centered care; 3 supporting education and research activities e. Professional societies can provide relevant educational opportunities and help identify mechanisms for increasing the level of integration of environmental health concepts into practice. The American Public Health Association, an interdisciplinary professional society, provides a forum for building consensus on emerging public health needs and disseminating innovative strategies to address these needs, including environmental health issues. Professional associations can have a major influence on the integration of environmental health concepts into general and specialty nursing practice, and they must be considered in strategies for altering nursing practice to include environmental health issues. Ethical Dilemmas Environmental and occupational health issues are fraught with potential ethical conflicts. Nursing, Health, and the Environment. The National Academies Press. For example, an occupational health nurse may place her own job in jeopardy by advocating for a costly change in the workplace that would create a safer environment for workers. Nurses may encounter ethical problems related to resistance from political and community forces of many types. The very clients whose health is at risk may deny or conceal the hazard because they fear loss of their own jobs or a decline in housing values if the hazard becomes public knowledge. For example, migrant workers and farmers may be unwilling to jeopardize their income for issues of health and safety; likewise, residential and commercial development may be deemed more important to community leaders than the resulting noise, air, and water pollution. Concern about the confidentiality of health information obtained from employees is significant, especially when occupational health nurses are threatened by managers with job termination if they do not relinquish specific health and medical information about a worker. Although companies have a right to know whether their employees are physically and mentally capable of performing a job, employees also have the right to keep specific information about their health or medical diagnoses private. This situation often creates conflicting loyalties for nurses. In such cases, nurses must be guided by professional codes of ethics, both general and specific to their area of practice. All individuals have the right to know about actual or potential health exposures in order to make informed decisions about the protection of their own health and that of their families and future offspring. For example, if a toxic spill occurs in a community or workers are exposed to chemical toxicants, the health professional has an ethical obligation to inform all parties of the potential consequences of the exposure. In some situations, community leaders and company executives assume a paternalistic posture, believing that they know what is best in terms of information disclosure. This attitude may place certain populations at greater risk due to lack of access to health care and potential harm from continued exposure. For example, those living closest to a spill, those spending the most time near toxic substances during cleanup, and particularly sensitive populations such as children and pregnant women living in the area near a chemical spill may be at greater risk for adverse health effects than others in the community, and they should have full access to information about substances to which they have been potentially exposed. Nurses must be knowledgeable about potential hazards and may need to act autonomously in supplying the required information to community members, on the basis of professional, ethical responsibilitiesâ€”whether they are explicit or implicit in nature. Page 53 Share Cite Suggested Citation: Other issues in environmental health intervention research are how best to protect confidentiality and how to achieve meaningful informed consent. Resources for addressing ethical conflicts regarding environmentally related health issues must be integral

components of educational preparation for nurses at all levels of practice. Registered nurse RN licensure conveys authority for a nurse to practice within the scope of practice defined by a state. NCLEX does not directly measure the environmental health science content of the nursing curriculum, although test items may reflect nursing knowledge secondary to the understanding of underlying environmental factors. Because schools of nursing use data on the passing rate for NCLEX as an educational outcome indicator, the influence of NCLEX items and the content of this examination on curricular decisions for nursing education cannot be underestimated see Chapter 4. Certification Unlike licensure, certification is a voluntary process in which an RN seeks an additional credential in a distinct practice area. In the future, recognition as an advanced practice nurse may require both certification and licensure. NBCSN , were surveyed and asked to describe the nature of certification for environmental health nursing. Three questions were asked: Page 54 Share Cite Suggested Citation: Among the 24 certification areas where examinations do exist, a review of test content found that one or more concepts of environmental health nursing could be inferred in 21 of the examinations. These were typified by "lead poisoning, safety, poisoning and air pollution. Test content outlines of two examinations included environmental science: The pediatric nurse practitioner examination content outline dedicated a section to environmental issues, and the general nursing practice test content outline noted the influence of "environmental and occupational factors" in consideration of health promotion, disease prevention, and control. A key word search of environmental health and its derivatives e. Bowers reports that ANCC has not gathered data to substantiate or refute the need for a certification program in environmental health nursing and has no current plan to offer such an examination Bowers, The ABOHN certification exam has integrated environmental health concepts into the certifying examination. Six content domains make up the examination blueprint, one of which is labeled "health and environment relationships. ABOHN has not compiled data to substantiate the need for developing a certification examination in environmental health separate from an examination in occupational health. Currently, certification in environmental health nursing does not exist for the generalist nor for those in advanced practice, although several certifying organizations report that environmental health concepts are present to some degree. Based on this survey of certifying organizations, current credentialing systems do not include the specificity and breadth of environmental health content necessary to ensure its inclusion in basic generalist practice. Changes in Health Care Delivery Health care delivery is undergoing rapid change, with a pervasive trend toward institutional consolidation and emphasis on cost cutting. Page 55 Share Cite Suggested Citation: Along with these trends, health services research has documented a statistically significant relationship between the level and mix of nursing staff in hospitals and patient outcomes Prescott, Specifically, as the number of nurses and the percentage of RNs on staff increases, risk-adjusted hospital mortality rates decline, as does length of inpatient stay. The ANA is concerned about the possibility of declining patient safety and adverse health outcomes, as well as the increasing stress physical and psychological on nurses that is likely to increase work-related injuries as a consequence of downsizing and lowered skill requirements of the patient care workforce. As noted by Redman , current changes in workforce patterns at healthcare facilities are resulting in fragmentation of nursing care, with fewer opportunities for one-to-one contact of nurses with patients. To paraphrase Redman, it may be possible to get knowledge of environmental concepts into the nurse, but because of declining direct patient contact by RNs, it cannot be assumed that such environmental health concepts will be integrated into nursing practice Redman, Under such circumstances, the call for adding more environmental health content to nursing practice may ring very hollow to some. However, the committee is not recommending something new, but rather a return to earlier, broader views of the nursing profession that include environmental concerns. Enhancing environmental health content in nursing practice will involve an elaboration of existing skills and perspectives, such as including environmental factors in history taking and seeking methods of primary prevention to eliminate illness and injury. Funding for Public Health Recent efforts toward health care reform on both federal and state levels focus attention on improving access to care for the sick through Page 56 Share Cite Suggested Citation: Tied closely to these efforts is the concern for controlling health care costs. Nursing leadership has firmly supported such reforms. Not incidental to proposals by nursing leaders is the call for increasing the supply and inclusion of advanced practice nurses e. Compelling data have been compiled that

demonstrate the potential to increase accessibility of care and decrease cost, without a loss of quality of care Boex et al. Struggling for attention in the current health care reform debates, which focus largely on care for the sick, is the message from those in public health settings that it requires more than seeing a doctor for people to stay healthy. The public health community e. Department of Health and Human Services [DHHS] has been a persistent voice for a broader perspective of health care that encompasses preventive strategies as well as traditional care and cure models.

Chapter 5 : Factors affecting professional ethics in nursing practice in Iran: a qualitative study

Nursing Considerations: Use of folk healing practices, special care needed for hair and skin, special consideration to accommodate extended family relationships Asian Family: Welfare of family supersedes individual.

The ABCD cultural assessment is outlined below. Click to view PDF of this table. What is their general attitude towards discussion of death and dying? Do they have positive or negative attitudes about particular aspects of care? Determine if the patient or family has positive or negative attitudes about a particular aspect of care being addressed, such as advance directives. What is important for me to know about your faith or spiritual needs? What is the general decision-making style of the cultural group and specifically of the patient and family? Is the emphasis on the individual decision-making process or the family decision-making process? What resources and support are available to the patient and family? Identify community resources that may be of assistance to the health care provider and the patient and family, such as translators, health care workers from the same community as the patient, community associations, religious leaders, and healers. Advance Directives The Patient Self-Determination Act PSDA of Electronic Code of Federal Regulations, requires health care facilities to ask patients if they have an advance directive and if not, requires them to provide patients with information about advance directives. The intent of the advance directive is to improve end-of-life care. There are two types of advance directives: Although the advance directive is legally valid throughout the United States, each state may have different laws governing advance directives. In Washington State, the advance directive is used only when life-sustaining treatment would artificially prolong the process of dying in a terminal condition or if the individual is in an irreversible coma and there is no reasonable expectation of recovery. The advance directive becomes a legal document once the individual signs it and it is signed in front of the two required witnesses. The completed advance directive form does not need to be notarized, but it is advisable. The advance directive form does not need to be filled out by a lawyer. The advance directive does not have an expiration date. The individual can change or use his or her own words on an advance directive form or even create their own form; however, individual and witness signatures are still required. It is translated into 26 languages. There is a cost associated with obtaining the document in an online or booklet format. The health care provider could utilize the online version of the Five Wishes as a discussion tool with the patient and family, and take the opportunity for the patient and family to fill out the form and have it printed and signed during the office visit. The POLST are specific orders by the physician that indicate what type of life-sustaining treatment the individual wants, or does not want at the end of life. Key Points to Know About a Durable Power of Attorney for Health Care A durable power of attorney for health care is a legal document in which an individual designates a person to make medical decisions when the individual is incapacitated. The designee can be a family member and more than one person can be designated, including a back-up person if the designee is not able to fulfill the role. In Washington State, the document does not need to be notarized or witnessed. However, it is advisable to have a lawyer prepare the document and notarize it. The Washington State Medical Association provides information on advance planning, including forms available for download for advance directive, POLST, and for durable power of attorney for health care: The key in discussing advance directives is in the planning process. The following are specific areas of concern: Lack of knowledge and understanding about advance directives. Distrust of the health care system. Trust issues between the patient and provider can cause discord, leading to non-compliance with treatment suggestions and unwillingness to complete an advance directive. Acculturation refers to the process of adopting the cultural norms of the dominant culture, which in this case is how acculturated the individual is regarding American core values and beliefs relevant to end-of-life issues. A study of English-speaking Japanese Americans found that despite acculturation, many of the subjects retained some of their Japanese cultural values and beliefs influencing end-of-life care and decision-making process, such as a strong preference for the group surrogate decision-making model Matsumura et al. Some Filipino Americans, although they may have lived in the U. When the family is the decision-maker on health care issues, this may include the discussion and decision around an advance directive. Having advance directive planning

discussions with the patient, before a serious illness, can eliminate this stress at end of life. Preference for physician to make health care decisions. Some cultures may feel that initiating discussions about advance directive planning may be a sign of disrespect. Talking about death and dying is taboo in many cultures. This taboo may contribute to resistance and lack of acceptance of advance directives. Influence of faith and spirituality. Likewise, some Hispanics view life as a gift from God and therefore life must be protected Klessig, Photo by Phyllis Coolen. Many Southeast Asians are Buddhist and believe in the cycle of life, karma, reincarnation, and that death is part of life. Aggressive treatment may be viewed as disturbing the natural ebb of life and a sign of a bad death Jagaro, The palliative and hospice focus of comfort care with peaceful and family support aspects may be more acceptable and in line with Buddhist beliefs and values. Patients and families may be more open to the discussion about and acceptance of advance directive planning. In some cultures, such as the Samoan, Vietnamese, and Asian Indian cultures, there is belief that dying away from home can lead to disturbances of the spirits. Some people may also believe that there are too many disturbing spirits in the hospital, so dying in the hospital should be avoided Countries and Their Cultures, Patients and families from these cultures may consequently be more open to discussion about advance directives and hospice services. Approaches to Consider When Discussing Advance Directives The following are approaches to consider when discussing advance directives in order to provide an open and supportive environment: Ideally, discussions on advance directive planning should be performed in advance of an impending health care crisis. Incorporating an advance directive discussion on a yearly basis is advisable. When the family is the designated decision-maker on health care issues, the discussion about advance directive planning must be done with the family. Sufficient time must be allocated for the discussion. Setting up a separate time for the discussion allows for a more thorough discussion and question and answer session. Also the patient may need to make arrangements for family members to attend the discussion. The discussion should be done in private. The health care provider should encourage the patient and family to ask questions. Determine if the patient and family understand the purpose of an advance directive. Common misconceptions are that it is a will, that if the person signs the document he or she will lose their home, that it requires an attorney, and that it addresses funeral and burial arrangements. Provide detailed information including the natural course of the disease, the prognosis, and chance of survival. Many family members will pursue less aggressive treatment if the chance of survival is poor. However, recognize that for some people, even in the face of a low survival rate, aggressive treatment is expected and supporting those decisions is important. Patients and family members need to be assured that an advance directive that excludes curative treatment does not mean the patient will be abandoned by the health care system. Meanwhile if you have any questions for me, please feel free to ask them. The religious leader can also act as a crucial intermediary in helping the patient connect with his or her faith or spiritual life. When the discussion of death and dying is a taboo subject, the health care provider might initiate having the patient do a life review. Encouraging the patient to review and value his or her life experiences and complete unfinished business may enable the patient to work on advance directive planning. More subtle, indirect and implicit non-verbal communication may be preferred when discussing advance directive planning Matsumura, et al. Development of educational tools in collaboration with a targeted culture community can increase awareness of the value and usefulness of advance directive planning and end-of-life choices. The following are examples of scripts for the discussion on advance directives. Adjust the script if the discussion is with the family. Remember, asking permission to have the discussion shows respect. Could we talk about it now? I would feel better if we had this talk. This is called an advance directive. It is a legal document that helps make it clear what you want and do not want if you are very seriously ill. However, there may be other types of hopes and miracles to consider, such as a good death, a peaceful death with having all your family around you, or for the relief from pain and suffering. What do you think? Pain Management Health Disparities in Pain Management There is strong evidence that health disparities continue to exist among ethnically diverse groups. The ethnically diverse hospice patients were less likely to receive the right amount of emotional support. The ethnically diverse hospice patients were less likely to receive end-of-life care consistent with their wishes. The ethnically diverse hospice patients were more likely to report poorer communication with their physicians and nurses. Health disparities in quality of care and access to care have

also lead to disparities in the treatment and management of pain during end-of-life care. These disparities are likely due to a lack of access to care, lack of appropriate access to analgesics and opioids, lack of access to pain specialists, and language barriers. Additionally, underreporting of pain intensity by minority patients was a significant barrier to effective pain management Dhingra, ; Mossey, ; Shavers, et al. A key element of palliative and hospice services is to assess and relieve suffering from not only physical pain, but also from psychological, social, and spiritual distress National Guideline Clearinghouse, It is important to remember there are variations among individuals within a cultural group with regard to their perception and expression of pain. However, understanding the broader aspects of cultural influence affecting response to pain can provide the health care provider with the necessary foundation for assessing specific and individual cultural influences and providing effective pain treatment. The use of certified medical interpreters for limited English proficient LEP patients can facilitate effective communication between the health care provider and the patient about end-of-life care, including the difficult issues around pain management Norris et al. Supporting the use of the interpreter as a cultural broker can also enhance the communication between the health care provider and patient through greater understanding of the cultural aspects and perspectives of the patient Norris, et al. When a Cambodian hospice patient was asked if he had pain, he pointed to his heart. The clinician assumed that the patient was having cardiac pain and further assessment and treatment focused on eliminating the cardiac pain, without effective results. For Cambodians, the heart symbolizes love, kindness, willingness to help others, and health National Head Lung and Blood Institute, Another example of miscommunication is that of an elderly Chinese woman, who when asked if she had any pain, she pointed to her head.

Chapter 6 : Transcultural Nursing in Australia, Cultural Sensitivity - Ausmed

Transcultural nursing seeks to provide care that acknowledges an individual's culture, values, beliefs and practices - the crux of which is good communication between the health professional and the patient and their family (see Communicating with patients).

Received Apr 7; Accepted Aug This article has been cited by other articles in PMC. Abstract Background Professional ethics refers to the use of logical and consistent communication, knowledge, clinical skills, emotions and values in nursing practice. This study aimed to explore and describe factors that affect professional ethics in nursing practice in Iran. Methods This qualitative study was conducted using conventional content analysis approach. Data were collected through semi-structured interviews and analyzed using thematic analysis. Results After encoding and classifying the data, five major categories were identified: Conclusions Awareness of professional ethics and its contributing factors could help nurses and healthcare professionals provide better services for patients. At the same time, such understanding would be valuable for educational administrators for effective planning and management. Background Nursing mission is to provide high quality healthcare and maintaining and improving community health [1]. Ethics is considered as an essential element of all healthcare professions including nursing. Professional ethics constitutes legitimate norms or standards that govern professional behavior of both client and non-client [3]. Indeed, professional ethics addresses obligations of a profession towards people who are served [4]. An inherent part of nursing is to respect human values, rights and dignity [5]. From a clinical point of view, nursing has three basic principles of caring, namely ethics, clinical judgment, and care [6]. Vinson [7] points to five elements that are epistemological and fundamental to nursing, which include the following: From moral and philosophical perspective, nursing ethics incorporates using of critical thinking and logical reasoning in clinical practice on the basis of values [7]. Nursing ethics might also be considered as competency in nurses without any direct impact on their clinical activities, which could be separated from practical duties of nursing. However, such ethics are highly interwoven with clinical practices that cannot be alienated from them [8]. Nowadays, health care settings are changing rapidly. Thus, nurses are facing ethical challenges in healthcare that put them at risk of ethical conflict [10]. According to previously conducted studies, nurses had poor attachment to professional ethics. Additionally, nurses were not interested in applying ethical knowledge in their work [12]. Chinese nurses were more nervous, sad and dissatisfied during and after the work compared to nurses from Switzerland. However, both groups experienced ethical problems of poor communication with patients due to heavy workload [14 , 15]. Another study reported that nurses might confront with various problems during their works [15]. Thus, ethical issues should be taken seriously as a basic requirement. On the other hand, the most comprehensive and complete approach to observe ethical standards is qualitative approach in which participants share their experiences [16 , 17]. Such information helps administrators promote professional ethics. This study aimed to explore and describe factors affecting professional ethics in nursing practice in Iran. Methods This qualitative study was conducted using conventional approach of content analysis. It has been intended to explore and describe factors affecting professional ethics in clinical practice. In general, content analysis is used when the objective of a study is to describe a phenomenon, and there are limited ideas [18] or fragmented knowledge about it [19]. Additionally, the phenomenon of professional ethics for nursing and affecting factors has vague aspects, which should be clarified through content analysis. Participating nurses were selected by purposive sampling from hospitals affiliated to Jahrom University of Medical Sciences in Jahrom, Fars, Iran. The sample size was chosen based on the data saturation. Data were collected using individual face to face and semi-structured in-depth interviews. Then, it was continued by probing questions. All interviews were initiated with this question: As the interview progress, these questions were asked: All interviews were recorded and transcribed immediately. Conventional approach for data analysis was implemented; no structure was used for categorizing data. This approach was carried out over three phases including: In the preparation phase, each interview was treated as a unit of analysis. The recorded interviews were transcribed precisely and read several times to gain general impression. In the organizing

phase, unites of meaning for each interview was highlighted, condensed, and openly coded. Then, codes with similar meanings were arranged into subcategories and main categories. Finally, the latent meaning of the data was reported in the reporting phase [19]. Conformability of findings was evaluated to achieve the reliability of collected data [20]. To achieve credibility of findings, content analysis, selecting appropriate units of meanings, way of categorizing data, and making judgment about similarities and differences of categories are very important [21]. Accordingly, the credibility of findings of this study was evaluated through spending enough time for data collection and analysis. Member check was also performed; data analysis was carried out by the second author for peer check. The participants were asked to sign a consent form; they were assured that they can withdraw from the study at any time. Results The findings highlighted two main themes:

Chapter 7 : 5 Ways to Improve Cultural Competence in Nursing Care - Minority Nurse

The influence of culture on health is vast. It affects perceptions of health, illness and death, beliefs about causes of disease, approaches to health promotion, how illness and pain are experienced and expressed, where patients seek help, and the types of treatment patients prefer.

In this section of the NCLEX-RN examination, you will be expected to demonstrate your knowledge and skills of cultural awareness and influences on health in order to: A Theory of Nursing" in Madeleine Leininger, herself, states that her theory is the only existing theory that "searches for comprehensive and holistic care data relying on social structure, worldview, and multiple factors in a culture in order to get a holistic knowledge base about care" Leininger, , p. Culture is a set of established beliefs that are held by a certain group of people that has been handed down from generation to generation and not held and shared by other groups or the members of other groups. These beliefs, values and perceptions are unique to the particular culture. This cultural assessment and culturally oriented care enables the nurse to: In the Transcultural Nursing Theory, nurses have a responsibility to understand the role of culture in the health of the patient. Leininger proposes that care is the dominant, unifying and distinctive essence of nursing. Caring, a universal phenomenon is primarily culturally driven as based on the variations among cultures in reference to their process, patterns and expressions. These three nursing modes are: This sensitivity is particular important and vital to the quality of care because culture is so integral and intrinsic to who the client is as a unique individual. Culture can greatly affect client health, as well as their reactions to treatments and care. The meaning of the mental disorder or illness to the client and their family members: The meaning of a psychiatric mental health disorder can be viewed as imaginary or it can be viewed as real; some can view these psychiatric mental health illnesses as a disorder of the mind, or the body, or both; and still more may view these illnesses as a stigma which promotes shame that at times can be quite severe and other cultures view these illnesses like all other kinds of illnesses. Based on these views, different strategies and interventions are planned and implemented to accommodate for these various culture bound perceptions for the client and their significant others. The way with which the client relates their symptoms to the health care provider: Some cultures state that they are experiencing somatic and physical symptoms rather than emotional symptoms such as anxiety and distress. For example, clients with an Asian culture may have somatic complaints rather than complaints relating to their mental health. It is, therefore, necessary that health care providers are cognizant of the fact that some subjective data given by the client during the assessment may be culturally driven and without any data about their psychiatric mental health signs and symptoms when indeed the client is adversely affected with a mental health disorder. Culture also impacts on the ways which some cultures cope with stress: Some cultures cope with stress by openly expressing their feelings; other cultures avoid thinking about and expressing their feelings when confronted with stress. These cultures suppress their feelings. For example, members of the Asian culture tend to suppress their feelings and discussions about their true feelings rather than expressing their feelings; and, on the other hand, African Americans actively confront their stress and, more often than other cultural groups, they tend to resolve their stress and distress on their own, often drawing on spiritual influences to assist them during stressful times. Whether or not treatment is sought for a psychiatric mental health disorder: Research indicates that minority groups within the United States are less likely to seek treatment for a mental health disorder than Caucasians in this nation. They are also more likely to delay getting treatment than whites. The kind of help that is elicited when help is sought for a psychiatric mental health disorder: Research indicates that minority groups within the United States are more likely to seek treatment for a mental health disorder with their primary care physician and non health care related informal resources such as a member of the clergy, culturally based nontraditional "healers", rather than a mental health professional, when compared and contrasted to American Caucasians. For example, American Indians and Eskimos, for example, may tend to seek the help of a traditional healer such as a medicine man. It must also be noted that psychiatric mental health professionals, including nurses, are affected and impacted by their own cultural beliefs, values and practices. It is, therefore, necessary that all health care providers eliminate their

cultural biases towards clients with mental disorders and all other disorders and diseases; therefore, the nurse must recognize their own cultural biases and then overcome them with a full understanding, acceptance and respect for all clients regardless of their own integral cultural practices, values, beliefs and perceptions. Some of these cultural influences include: General Perceptions Relating to Illness and Health: Some cultures place a high value on health, health promotion and wellness and others do not. Some cultures believe that illness is stigmatic and outside of any control by the members of the culture. Still more may have culturally bound rituals and practices to promote health, to prevent illness, and to cure disease. Distance and Space Orientation: Space and distance orientation and tolerance for closed and open spaces may also vary among cultures. For example, research indicates that cultures that live in crowded areas, such as in heavily populated city, are more tolerant of closeness and proximity to others when compared to members of other cultures who are not tolerant to closeness, but instead, prefer to be in and live in less crowded and congested areas. For example, some families have top to bottom communication patterns where the leaders communicate with the followers in the family unit and not from the bottom up from the children to the authority figures; some families are paternalistic with the male as the predominant figure of the family unit, others can be maternalistic and still more may share power equally in the family unit; some families and cultures value and honor their elders and others do not to the same extent; and still more culturally bound dynamics can include who makes the decisions and decision making. For example, some families elicit and seek out the help and support of those outside of the family unit to aid their decision making and others restrict discussions and decision making to only one person, only the nuclear family members, or only the members of the extended family in collaboration with the nuclear family. Simply defined, self efficacy is the personal belief that one has the ability and capability to do something successfully. Cultures and members of cultures who hold the belief that they have self efficacy will be motivated to learn, they will be motivated to participate in their care, and they will also be motivated to change behaviors; on the other hand, cultures and members of cultures who hold the belief that they do not have the ability and capability to be successful will not be motivated to learn, they will be motivated to participate in their care, or be motivated to change behaviors when they lack self efficacy. These clients will be less likely to actively participate in their care and care decisions; they will depend on others, including health care professionals to make these decisions for them. As fully discussed in the beginning of this review under the integrated process of " Communication and Documentation ", verbal and nonverbal communication patterns and elements, such as terminology, silence, eye contact, choice of vocabulary, facial expressions, and touch, are impacted by different cultures. Some cultures focus more on the past than on the present or future; other cultures place an emphasis on the present, rather than the past or future; and sill more focus on the future rather than the past or present. This perspective and focus impacts on the client and their perspectives. For example, a client who focuses on the future will more likely be committed to sacrifice in the present to better insure a healthy future; and those with a focus on the past and the current time may not be as focused on the future by maintaining healthy life styles and participating in health and wellness activities and programs. Culture is integral to the person as a unique individual. Cultural beliefs, perspectives, values and practices are determined and assessed by the nurse, after which they are then integrated into the planning, implementation and evaluation of client care. Additionally, all these cultural modifications must be documented as all other aspects of nursing care are. Respecting the Cultural Background and Practices of the Client Like religious and spiritual beliefs, nurses remain respectful and accepting of all cultural beliefs, practices and perspectives, regardless of those that the nurse possesses. They must, additionally, overcome their own cultural biases by recognizing that they have them and then detaching from them as they plan and render client care to clients from diverse cultures. Communication and Documentation " and the " Integrated Process: Although at first glance a nurse may think of only a foreign language interpreter for those who do not have English as their primary language, it should not be forgotten that American Sign Language interpreters should, and can, be used among those clients who cannot gain their understanding of their health care status, their care and their treatments when the client is adversely affected with an auditory impairment. These accommodations, like all other accommodations and modifications of care, are thoroughly documented. The most effective way to decide whether or not the client language needs

were met is to assess whether or not the client has gained an understanding and insight into their health care status, their care and their treatments.

Chapter 8 : How culture influences health beliefs

Culture is one of the most important determining factors in healthcare preferences and practices. Thus, the need for transcultural nursing is undeniable. "Transcultural nursing requires sophisticated assessment and analytic skills and the ability to plan, design, implement, and evaluate nursing care for individuals, families, groups, and.

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care. The Nursing and Midwifery Council () requires a registered of the cultural beliefs, values and practices that may inï¬,u- and spiritual health.