

PROFESSIONALDEVELOPMENT
MODULE

THE MULTICULTURAL ASPECT OF
NURSING CARE

By Sr Mary Fenech SN



Thinking critically about Nursing's Blended Skills.

- When a Haitian immigrant requests that a voodoo healer be brought into the hospital, you and your colleagues are uncomfortable with honoring her request.
- Another nurse asks you what you know about Eastern European Jews and hereditary disorders like Tay-Sachs disease. She has been dating a Jewish man she is growing to love but desperately wants children and has concerns about how her choice of a marriage partner will affect future children.
- Committed to increasing the supply of organs available for transplantation, you become frustrated when the family members of a brain-dead patient refuse organ retrieval because it violates their belief that people should enter into the next life 'whole'
- A European-educated physician tells you that the family of a 70yr old man newly diagnosed with lung cancer does not want the patient told of his diagnosis. When you protest because the patient has already started asking questions about his disease, the physician tells you that there is no need for him to hear the 'bad news' that he has cancer. He further informs you that this was 'common practice back home' Italy and that he never could understand the American ease of 'dumping bad news'.



The Multicultural aspect of Nursing care.

- **Definition of culture:**

Culture is a shared set of norms, values, assumptions and perceptions (both explicit and implicit) and social conventions, which enable members of a group community or nation to function cohesively (Schott & Henley, 1996)

Culture is a view of the world and a set of values , beliefs and traditions that are handed down from generation to generation. Culture includes the beliefs, habits, likes and dislikes, and customs of rituals learned form one's family. (Andrews and Boyle, 1999)



Madeleine Leininger (1978) with the definition of Transcultural Nursing

Leininger (1990) describes that culture includes all human activities taking material and non material, social, religious, educational, philosophical, technological and environmental contexts in which human beings live and function.



Skills needed: to interact with colleagues, patients and families from different cultures and ethnic groups.

- **Cognitive skills**
- **Interpersonal skills**
- **Ethical and legal skills**



Cognitive skills:

- Knowledge of how culture and ethnicity influences a person's beliefs and values, daily living, health behaviors, decision making, and disease risk.
- Knowledge that people from different cultural and ethnic groups can think differently about what is right in any given situation.



Interpersonal skills:

- The respect for the fact that people from different cultural and ethnic groups may believe , value, choose, and behave differently than you do.
- The ability to establish trusting relationships with colleagues, patients, family member, and others who are different from you.



Ethical/Legal skills:

- Commitment to securing the best possible care for patients from different cultures.
- Ability to advocate for the Haitian patient who has the right to be visited by a voodoo healer so long as this does not harm other patients or harm herself while entrusted to the institution's care.
- Ability to advocate for the patient newly diagnosed with lung cancer if you believe that the physician's culture is interfering with good care for the patient.



Subcultures or Subgroups

- a) Nursing is a subculture of the larger healthcare system care.
- b) Teenagers and older adults are regarded as subcultures of the general population eg. in North America

❖ **Dominant Group**

❖ **Minority Group**



■ **Ethnicity:** people within an ethnic group generally share unique cultural and social beliefs and behavior patterns like:

- Language and dialect
- Religious practices
- Literature
- Folklore
- Music political interest, food preferences and employment

■ **Cultural Assimilation**

■ **Gender Roles**



Cultural Assimilation

When minority groups live within a dominant group, many of the members lose the cultural characteristics that once made them different. This process is called 'Cultural Assessment'.

Gender Roles:

In many cultures the man is the dominant figure and therefore very often make decisions for family members.

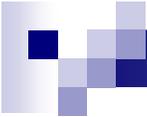
In many African American and white families the woman is often dominant.

Knowledge of the dominant member of the family is an important consideration in planning nursing care.



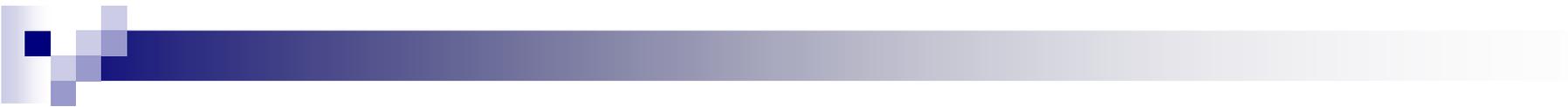
Language & communication

- Eye contact – a non verbal communication behavior.
- The American dominant culture emphasizes eye contact while speaking. BUT
- Direct eye contact may be considered impolite or aggressive by Asians, Native Americans, Indochinese, and Arabs and they tend to avoid direct eye contact and divert their eyes while speaking with another.
- Native African Americans stare at the floor to indicate they are carefully listening.
- Hispanic Americans look downward in difference to age, gender, social position, economic status and authority.
- Muslim-Arab women indicate modesty by avoiding eye contact with men.
- Hasidic Jewish men tend to avoid direct eye contact with women (Andrews & Boyle, 1999).



Language spoken:

- What language does the patient speak during usual activities of daily living.
- How well does the patient speak and write in English?
- Does the patient need an interpreter? Are family members or friends available? Are there people the patient would not want serve as an interpreter?
- How does the patient prefer to be addressed?
- What cultural values and beliefs of the patient may change your techniques of communication and care (such as eye contact, space, or social taboos?)
- How does a patient's nonverbal behavior affect the responses of members of the healthcare team?
- How does the patient feel about healthcare providers from other cultures; would the patient prefer a healthcare of the same culture, gender, or age?
- What are the cultural characteristics of the patient's communications with others?



❑ **Food and Nutrition**

Food preferences and how foods are prepared are often culturally related:

- ❖ Ex: rice and vegetables are the staples of Asians and Chinese
- ❖ EX: Pasta is a staple of Italians
- ❖ Ex: Beans and tortillas by Mexican Americans
- ❖ Ex: a balance of hot, cold, and cool foods are favored by Puerto Ricans

❑ **Cultural Shock**

Cultural Shock or the feelings a person experiences when placed in a different culture that the person perceives as strange may result in psychological discomfort or disturbances

❑ **Reaction to Pain**

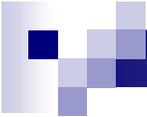
Some cultures allow and even encourage the open expression of emotions experienced by a person in pain, whereas other cultures frown on the open and free expression of emotions. Therefore nurses should be sensitive to various signals of pain.



Models of Transcultural Nursing

Madeleine Leininger (1978) defines transcultural nursing as follows:

“Transcultural nursing is a formal area of study and practice focused on a comparative study of human cultures with respect to discovering universities (similarities) and diversities (differences) as related to nursing phenomena of care (caring), health (wellness) or illness patterns within a cultural context and with a focus on cultural values, beliefs, and life ways of people and institutions, and using this knowledge to provide culture-specific or universal care practices.



The Diversity Model

- criticized as being focused on the culture of the 'other' presenting cultures as static and deterministic (Price & Cortis 2000)
- Lorraine Culley of De Montfort University Leicester comments on the British Experience. She says that the multicultural debate has gone forward in the social sciences to consider 'race' and education and 'race' and social work.

BUT NOT IN HEALTHCARE PARTICULARLY NURSING
- The King's Fund Study of racial equality and Nursing profession indicated that British Nursing education placed too much emphasis on culture language and not enough on equal opportunity to anti-racism.
- Price & Cortis of the University of Leeds warn that cultural competence in nursing education needs to challenge rather than to propagate stereotypes, voicing the concerns of a growing number of nurse educators.

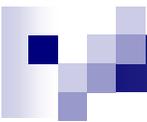


Transcultural Nursing is nursing people from different cultures.

In order to perform proper nursing care to the client the nurse must consider the **CLIENT'S VALUES, BELIEFS, AND HEALTH BEHAVIOURS.**

DANGER: A danger associated with transcultural nursing theories and models is the assumption that people can be categorized, rather than individualized, by virtue of race, culture and ethnicity.

DO NOT ASSUME THAT THE CRITERIA FOR A CERTAIN CULTURAL GROUP ARE TRUE FOR EVERY PATIENT WHO BELONG TO THAT RACIAL, ETHNIC, OR CULTURAL GROUP.



Culture and cultural values

There are numerous definitions for the word culture but culture is basically a person's beliefs about the world, their values and how they feel about art, law and morals (McGrath, 1988)

Each family has their own cultural characteristics, which are based down from generation to generation. Over time and generations a family's cultural characteristics will change to adapt to new living environments. Different cultural groups have to have individualized health care because of their individual cultural characteristics.

It is very important for a nurse to know their own cultural values as well as know the client's values so they are able to perform the best care possible for the client/ The process nurses use to clarify their own values are; knowing their own set of values, choosing alternative values and putting values into action (DuGas, Esson, & Ronaldson, 1999)

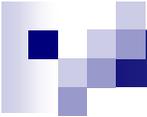


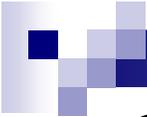
Cultural Competence

Cultural Competence can be defined as: ‘the ability to work effectively with people of different cultures in a way that people of these cultures find acceptable’. (DuGas et al 1999)

Several Factors that make up cultural competence including:

- **CULTURAL AWARENESS**
- **CULTURAL KNOWLEDGE**
- **CULTURAL SKILL**
- **CULTURAL ENCOUNTER**

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- **Cultural awareness is being sensitive with people with different cultures or ethnic groups. To do this the nurse must be aware of his or her own prejudices against other cultures or ethnic groups.**
 - **Cultural knowledge involves the nurse to help up to date on knowledge regarding word views on culture.**
 - **Cultural skill is being able to perform a cultural assessment on a client.**
 - **Cultural encounters encourage the nurse to be involved with clients of diverse backgrounds.**
 - **In other words cultural competence is obtaining cultural information and then applying that knowledge. This cultural awareness allows to see the entire picture and improves the quality of care and health outcomes.**



Cultural Assessment

It is a very important aspect of nursing to make sure that each client gets their own cultural individual assessment because each client has their own values, beliefs and practices which have to be considered (Campinha-Bacote, 1995.) Asking a client the following questions is a good way of starting a cultural assessment:

- ❑ Where were you born and how long have you lived in this country?**
- ❑ What is your ethnic background and how strong is your ethnic identity?**
- ❑ What is your main speaking language and what languages can you read?**
- ❑ What language you prefer?**
- ❑ What is your religion and how important it is to you?**
- ❑ How does your religion affect your daily activities?**
- ❑ What are your food preferences?**
- ❑ What are your health practices in birth and death?**

(Lipson and Milies, 1995, cited in Bhimani & Acorn, 1998)



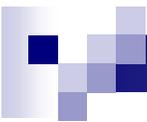
Continued:

When nurses are very young or new to the profession they do not have enough knowledge and understanding of how to do a cultural assessment.

They possess the 'know that' BUT NOT 'the know how' knowledge.

They 'know that' a cultural assessment should be conducted on each client but they do not 'know how' to conduct it in an effective manner. (Campinha-Bacote, 1995, p21).

Nurses who do not have a lot of experience in conducting cultural assessments may feel that the questions are too personal or that the client thinks they are being racist between them. Thus it is necessary to carry competent cultural assessments.



Spirituality, Religion & Culture

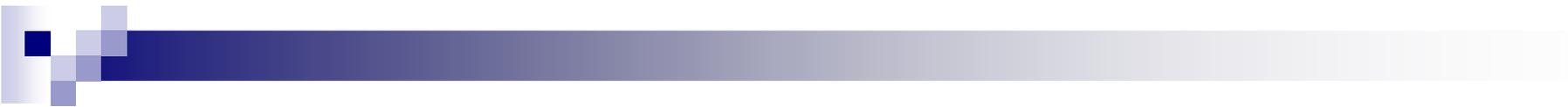
Religion and spirituality are major parts of one's own culture.

In many cases religion is the culture, which makes it hard to distinguish between spirituality and religion from ethnic beliefs and culture. (DuGas et al 1999) states that 'religion implies adherence to a belief system (or doctrine) whereas spirituality is a quality of human life'.

In today's society spirituality affects many cultures. Ex: African Culture

- ❖ Every client's spiritual needs should be assessed so they will feel properly cared for.
- ❖ Nurses should support and assist their clients in maintaining traditional religious practices that are important to them (DuGas et al 1999)

Therefore in order for holistic nursing care to be provided, the nurse must have an understanding of spiritual, religious and cultural issues.



Refugees of every race and religion are found in every part of the world. Because they fear for their lives, they give up everything – home, belongings and family – for an uncertain future in a strange land.

1996 – approximately 26 million refugees in the world i.e. representing one out of every 220 persons.

Some countries are major senders and others are major receivers.

The ILO Labor with:

68 countries listed as major receivers

56 countries as major senders

24 as both sending and receiving countries . Italy, Japan, Malaysia and Venezuela were noted to be among the new major receiving countries and Bangladesh, Egypt and Indonesia among the new major senders

Health is recognized as a FUNDAMENTAL HUMAN RIGHT

WHO defines health as ‘a state of complete physical, mental or social well being and not merely the absence of disease or infirmity’.



Cultural aspects for caring for refugees.

The International Labour Organisation (ILO) recently estimated that over 90 million people (migrant workers and their families) are currently residing legally or illegally, in a country other than their own. It should be noted that this lower estimate, compared with 1995 estimate by the World Bank of 125 million people who had officially changed their original nationality,. The table below (taken from the ILO report breaks down this figure by region.

Table estimate of the No of non nationals by major region in 1995, excluding asylum-seekers and refugees. (in millions)

Region	Econ. active	Dependents	Total
Africa	6-7	12-14	18-21
North America	8	8-10	16-18
Central And South America	3-5	4-7	7-12
South South-East & East Asia	2-3	3-4	5-7
West Asia ((Arab States)	6	2-3	8-9
Europe	11-13	15-17	26-30
Overall Totals	36-42	44-55	80-97



The immigration of foreigners into Malta such as asylum seekers, refugees and adoptees among others, is obviously arousing a lot of health concerns in Ministries, health professionals and the public at large. Every year over one million people emigrate to seek asylum. Some of them reach our shores to seek political shelter. Not only but it is also becoming quite common that children coming from Africa, Central and Eastern Europe and South America are being adopted into our families, with the consequence of a higher incidence for HIV/Aids and Hep B. This is a situation that I myself am facing today at my place of work.

“Health has been recognized as fundamental human right, which equally applies to migrants. They have the right to the highest attainable standard of physical and mental health which might require attention for the right to affordable and accessible health services, apart from the right to healthy working and living conditions, and the right to appropriate health education (Hendriks 1990).



An issue which is worrying Maltese people is the fact that many illegal immigrants are coming to Malta from South Africa. Some of the Maltese people may still harbor racist, homophobic perceptions that AIDS/HIV and Hep B are a problem of blacks. Maltese parents fear therefore that their children will get infected with these diseases when they mix in their schools with the children of these migrants (Ayanian 1994). This situation has developed into a large debatable issue among higher authorities (such as the Advisory Committee on Immunization Policies ACIP) whereby various ethical aspects are being tackled, like:

- Should voluntary testing be introduced?**
- If systematic testing is introduced is it ethically appropriate?**
- Will infected migrants be offered the same guarantees of confidentiality as other patients?**
- If for instance a migrant is found HIV positive, will the state be ready to offer the patient a full treatment program?**



In face of these questions we as members of the health care team in our place of work , when we have these people as our clients, are we taking in considerations then the questions asked further up regarding the cultural assessment?

And what about the several factors that make up cultural competence including:

- **Cultural awareness**
- **Cultural knowledge**
- **Cultural skill**
- **Cultural encounter**



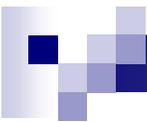
Nursing with Dignity

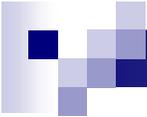
Nursing with dignity aims to help nurses meet the needs of all patients in a multicultural society.

Information taken from website: www.nursingtimes.net/nav?page

ISLAM

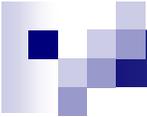
Islam for Muslims is not only a religion but a complete way of life that advocates peace, mercy and forgiveness. A Muslim can be defined as a person who accepts the Islamic way of life and complies with the will of Allah (GOD) without question

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- **To declare that there is no other God but Allah and that the Prophet Mohammad is his messenger.**
 - **To offer prayers five times a day facing Mecca**
 - Prayers involves physical movements
 - During illness prayers can be performed sitting or lying down but always facing Mecca
 - A person is exempt of prayers if seriously ill.
 - **In the fast in Ramadan people eat and drink before sunrise**
 - No food or drink is consumed during daylight hours.
 - The fast is broken at sunset.
 - Children are expected to start praying and observing the fast when they reach puberty.
 - Though very sick still some omit or refuse medication. So simple measures can be taken to accommodate fasting – like rescheduling the times that medicine is given.
 - **To give money or charity, amounting to 2,5% of an individual's annual income and savings.**
 - **To go on a pilgrimage to Mecca, known as Hajj, at least once in a lifetime if they can afford it.**



Hinduism

- Hinduism is India's oldest religion, dating from about 2500BCsd. A fusion of traditions and shared beliefs have shaped its culture. The words Hindu and Hinduism are geographical, derived from the name of the river that is now called INDUS. A Hindu was originally an Indus-valley dweller.
- Hinduism has no one founder, holy book, central authority and hierarchy. A person's own beliefs and duties are clear and very important.
- Religious beliefs and practices.
 - **These are grounded in religion and culture**
 - **Hindu religious belief begins with the assumption that all living things have a soul which passes through successive cycles of birth and rebirth.**
 - **The belief in Karma and rebirth**
 - **The core idea of karma is that each person is reborn.**

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- **The belief in reincarnation and transmigration of the soul encourages Hindus to avoid killing even the smallest insect.**
 - **Many Hindus worship in temples ((Mandir) dedicated to a particular God or Goddess.**
 - **The resident priest (pandit) offers support and advice to community members.**
 - **Many Hindus worship at home.**
 - **Shoes are removed before entering a Hindu home to avoid bringing dirt in the house.**
 - **In Hinduism the person is viewed as a combination of mind, soul and body in the context of family culture and environment, thus the person is seen as intimately integrated with the family, social group (caste) and environment.**
 - **Purity (Suddah) is a very important value in Indian culture.**
 - **The most impure substances are the bodily discharges.**
 - **Some indian patients are meticulous about personal hygiene. A Hindu woman is traditionally regarded as unclean during menstruation, at the end of which she may take a special shower.**



Jehovah's Witnesses

From a medical point of view, one of the distinguishing features of Jehovah's Witnesses is their refusal to accept blood transfusions. But is this actually true? Some nurses may have come across Jehovah's Witnesses who refuse red blood cells, but others may have encountered those who will accept blood proteins such as Factor V111. There are also pregnant Jehovah's Witnesses who are rhesus negative but will not accept immunoglobulin.

Result: Duty of nurses to keep up to date with Jehovah's Witnesses position on blood and blood products.

Beliefs:

American Charles Taze Russel founded the religion in 1870's and there are about 125,000 Jehovah witnesses in the UK.

Acknowledging Jehovah as the only God, believers are baptized by immersion and carry their message from door to door, warning of a future vengeful battle of Armageddon. They are a law-abiding sector of the community who believe that their conduct reflects their worship of Jehovah. They also believe that Satan was once an angel and is now an evil and powerful opponent of Jehovah.



CONCLUSION

Do not assume uniformity of culture, many individual differences occur in outlook and practice in a community.

Work towards developing a genuine understanding of diversity that pays attention to individual needs and preferences.

REMEMBER:

- **ASK**
- **LISTEN**
- **RESPECT**