UNIT 3: TRANS-CULTURAL NURSING CONCEPTS AND THEORIES

- Describe concept of Trans-Cultural Nursing
- Explain key concepts related to Trans-Cultural Nursing
- Identify the components of Cultural assessment tool.

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DEFINITIONS

Transcultural Nursing

- Transcultural nursing is a relative study of cultures to understand similarities (culture universal) and difference (culture-specific) across human groups (Leininger, 1991).
- It refers to formal area study and practice that focus on the culture care, values, beliefs and practice of individual and group from a particular culture.

Culture

- Set of values, beliefs and traditions, that are held by a specific group of people and handed down from generation to generation.
- Culture is also beliefs, habits, likes, dislikes, customs and rituals learn from one’s family.
- Culture is the learned, shared and transmitted values,

Religion

- Is a set of belief in a divine or super human power (or powers) to be obeyed and worshipped as the creator and ruler of the universe.

Ethnic

- refers to a group of people who share a common and distinctive culture and who are members of a specific group.

Ethnicity
• a consciousness of belonging to a group.

**Cultural Identify**

• the sense of being part of an ethnic group or culture

**Culture-universals**

• commonalities of values, norms of behavior, and life patterns that are similar among different cultures.

**Culture-specifies**

• values, beliefs, and patterns of behavior that tend to be unique to a designate culture.

**Material culture**

• refers to objects (dress, art, religious artifacts)

**Non-material culture**

• refers to beliefs customs, languages, social institutions.

**Subculture**

• composed of people who have a distinct identity but are related to a larger cultural group.

**Bicultural**

• a person who crosses two cultures, lifestyles, and sets of values.

**Diversity**
• refers to the fact or state of being different. Diversity can occur between cultures and within a cultural group.

**Acculturation**

• People of a minority group tend to assume the attitudes, values, beliefs, find practices of the dominant society resulting in a blended cultural pattern.

**Cultural shock**

• the state of being disoriented or unable to respond to a different cultural environment because of its sudden strangeness, unfamiliarity, and incompatibility to the stranger’s perceptions and expectations at is differentiated from others by symbolic markers (cultures, biology, territory, religion).

**Ethnic groups**

• share a common social and cultural heritage that is passed on to successive generations.

**Ethnic identity**

• refers to a subjective perspective of the person’s heritage and to a sense of belonging to a group that is distinguishable from other groups.

• the classification of people according to shared biologic characteristics, genetic markers, or features. Not all people of the same race have the same culture.

**Cultural awareness**
• It is an in-depth self-examination of one’s own background, recognizing biases and prejudices and assumptions about other people.

**Culturally congruent care**

• Care that fits the people’s valued life patterns and set of meanings—which is generated from the people themselves, rather than based on predetermined criteria.

**Culturally competent care**

• is the ability of the practitioner to bridge cultural gaps in caring, work with cultural differences and enable clients and families to achieve meaningful and supportive caring.

**MAJOR CONCEPTS [Leininger (1991)]**

• Illness and wellness are shaped by a various factors including perception and coping skills, as well as the social level of the patient.
• Cultural competence is an important component of nursing.
• Culture influences all spheres of human life. It defines health, illness, and the search for relief from disease or distress.
• Religious and Cultural knowledge is an important ingredient in health care.
• The health concepts held by many cultural groups may result in people choosing not to seek modern medical treatment procedures.
• Health care provider need to be flexible in the design of programs, policies, and services to meet the needs and
concerns of the culturally diverse population, groups that are likely to be encountered.

- Most cases of lay illness have multiple causalities and may require several different approaches to diagnosis, treatment, and cure including folk and Western medical interventions.
- The use of traditional or alternate models of health care delivery is widely varied and may come into conflict with Western models of health care practice.
- Culture guides behavior into acceptable ways for the people in a specific group as such culture originates and develops within the social structure through interpersonal interactions.
- For a nurse to successfully provide care for a client of a different cultural or ethnic background, effective intercultural communication must take place.

APPLICATION TO NURSING

- To develop understanding, respect and appreciation for the individuality and diversity of patients beliefs, values, spirituality and culture regarding illness, its meaning, cause, treatment, and outcome.
- To encourage in developing and maintaining a program of physical, emotional and spiritual self-care introduce therapies such as ayurveda and pancha karma.

HEALTH PRACTICES IN DIFFERENT CULTURES

Use of Protective Objects

- Protective objects can be worn or carried or hung in the home- charms worn on a string or chain around the neck, wrist, or waist to protect the wearer from the evil eye or evil spirits.
Use of Substances.
- It is believed that certain food substances can be ingested to prevent illness.
- E.g. eating raw garlic or onion to prevent illness or wear them on the body or hang them in the home.

Religious Practices
- Burning of candles, rituals of redemption etc..

Traditional Remedies
- The use of folk or traditional medicine is seen among people from all walks of life and cultural ethnic background.

Healers
- Within a given community, specific people are known to have the power to heal.

Immigration
- Immigrant groups have their own cultural attitudes ranging beliefs and practices regarding these areas.

Gender Roles
- In many cultures, the male is dominant figure and often they take decisions related to health practices and treatment. In some other cultures females are dominant.
• In some cultures, women are discriminated in providing proper treatment for illness.

**Beliefs about mental health**

• Mental illnesses are caused by a lack of harmony of emotions or by evil spirits.
• Problems in this life are most likely related to transgressions committed in a past life.

**Economic Factors**

• Factors such as unemployment, underemployment, homelessness, lack of health insurance poverty prevent people from entering the health care system.

**Time orientation**

• It is varies for different cultures groups.

**Personal Space**

• Respect the client’s personal space when performing nursing procedures.
• The nurse should also welcome visiting members of the family and extended family.

**NURSING PROCESS AND ROLE OF NURSE**

• Determine the client’s cultural heritage and language skills.
• Determine if any of his health beliefs relate to the cause of the illness or to the problem.
• Collect information that any home remedies the person is taking to treat the symptoms.
• Nurses should evaluate their attitudes toward ethnic nursing care.
• Self-evaluation helps the nurse to become more comfortable when providing care to clients from diverse backgrounds.
• Understand the influence of culture, race & ethnicity on the development of social emotional relationship, child rearing practices & attitude toward health.
• Collect information about the socioeconomic status of the family and its influence on their health promotion and wellness.
• Identify the religious practices of the family and their influence on health promotion belief in families.
• Understanding of the general characteristics of the major ethnic groups, but always individualize care.
• The nursing diagnosis for clients should include potential problems in their interaction with the health care system and problems involving the effects of culture.
• The planning and implementation of nursing interventions should be adapted as much as possible to the client’s cultural background.
• Evaluation should include the nurse’s self-evaluation of attitudes and emotions toward providing nursing care to clients from diverse sociocultural backgrounds.
• Self-evaluation by the nurse is crucial as he or she increases skills for interaction.

CONCLUSION

• Nurses need to be aware of and sensitive to the cultural needs of clients.
• The practice of nursing today demands that the nurse identify and meet the cultural needs of diverse groups, understand the social and cultural reality of the client, family,
and community, develop expertise to implement culturally acceptable strategies to provide nursing care, and identify and use resources acceptable to the client (Andrews & Boyle, 2002).

CULTURAL ASSESSMENT

- What is the patient’s country of origin?
- What is the primary language and literacy?
- What is the ethnic background?
- Does the patient participate in cultural activities like traditional holidays and festivals?
- Are there any food preferences or restrictions?
Cont...

- What are the patients communication style?
- Is eye contact avoided?
- How much physical distance is maintained?
- Who is the head of the family & involved in decision making about the patient?
ADDITIONAL CULTURAL CONSIDERATIONS

• Maintain a broad, open attitude.
• Avoid seeing all people as like.
• Try to understand the reasons for any behavior by discussing commonalities and differences.
• If patient has said or done something that you do not understand, ask for clarification
• If at all possible, speak the patient’s language
CULTURALLY COMPETENT NURSING CARE

It has been defined as effective, individualized care that considers cultural values, is culturally aware and sensitive and incorporates cultural skills
THE PROCESS OF CULTURAL COMPETENCE IN THE DELIVERY OF HEALTHCARE SERVICES
Social environment
- Social network
- Resources
- Values
- Beliefs

Person-centred approach

Social competence

Patient

GP

Professional environment
- Ideologies
- Organization

Social context
(Social representations of poverty, social policies, ideologies about health)
THE FUTURE OF TRANSCULTURAL NURSING CARE

- The demand for transcultural nurses far exceeds the number of faculty & clinical specialists in the field.
- Nursing programs exploring creative ways to promote cultural competence in nursing students
- Cultural diversity remains one of the foremost issues in health care today.
Reference

THANK YOU
pancha karma