The Role of Cultural Humility in Intercultural Representations

Dr. Florriann Fehr
Michelle Funk

Enacted in Relational Practice In the Profession of Nursing

- Background
- Fundamental Underpinnings – Informing Practice
- Approaches and Outcomes
- Next Steps
- References

Background: Course

- Relational Practice is learning about “relating” to self and others in the profession of nursing – a great deal of time is spent on cultural engagement, sensitivity, and respectful approach to those accessing health care

- Group presentations by nursing students in a relational practice course, exploring the practice of integrating cultural sensitivity and bridging care

- Group Assignment: Predetermined groups allocated a country to explore health care findings and nurse responsibilities and another group to be ‘judges’

Background: Literature Examples

Nurse Education Today 34 (2014) 1246–1252

Contents lists available at ScienceDirect

Nurse Education Today

journal homepage: www.elsevier.com/nedt

Emotional labour and compassionate care: What's the relationship?

Gladys Msiska [a,*], Pam Smith [b], Tonks Fawcett [b], Betty Mkwinda Nyasulu [a]

[a] Kamuzu College of Nursing, University of Malawi, Malawi
[b] School of Health in Social Science, The University of Edinburgh, United Kingdom

ARTICLE INFO

Article history:
Accepted 10 March 2014

Keywords:
Clinical learning experience
HIV care
Compassionate care
Emotional labour
Hermeneutic phenomenological research

SUMMARY

Background: Malawi is one of the countries in the Sub-Saharan region of Africa severely affected by the HIV pandemic. This being the case, student nurses' clinical encounters include caring for patients with HIV and AIDS.
Objectives: The study explored the clinical learning experience of undergraduate nursing students in Malawi, with the aim of understanding the nature of their experience.
Design: This was a hermeneutic phenomenological study.
Setting: The study took place at a university nursing college in Malawi.
Participants: Thirty undergraduate nursing students were purposively selected.
Methods: Conversational interviews were conducted and a framework developed by modifying Colaizzi's procedural steps guided the phenomenological analysis.
Results: The participants reported their experience during the early years of their studies and their current experience at the time of the study, depicting them as novice and senior students respectively. The study findings demonstrated an overt fear of contracting HIV infection among novice nursing students. Such fear led students to deliberately avoid taking care of HIV positive patients and develop a sense of legitimate emotional detachment. However, as students progressed in their studies, and their knowledge and experiences increased, they realised that HIV and AIDS patients needed support and empathy. The learning trajectory demonstrate a gradual change from emotional detachment based on fear to a sense of emotional engagement built on knowledge, experiential insights and the notion of emotions management that led to the provision of care driven by compassion as opposed to anxiety.
Conclusion: The findings illustrate that nursing students need to work on their emotions to provide compassionate care. This is consistent with the concept of emotional labour and the paper argues that undertaking emotional labour is essential in promoting compassionate care.

Introduction and Background

This paper presents part findings of a study exploring the clinical learning experience of undergraduate nursing students in Malawi. This is an area which has been widely explored in western countries. However, it was still needful to conduct this study in Malawi because nursing education practices may share similarities while at the same time there are some distinctions from country to country (Turale et al., 2008). The aim of the study was to gain an understanding of the nature of the students' clinical learning experience. The findings contribute to a body of nursing knowledge that specifically addresses issues of nursing education from an African context. The challenges which confront nurse learning in African countries are in themselves unique and different from those experienced in western countries and therefore, there needs to be a body of knowledge to contribute to our understanding of the situation.

Although the focus of the study was students' learning in the clinical setting, it also reveals salient issues on experiences of nursing students in relation to HIV care. The paper discusses the relationship between emotions and compassionate care and it appears that management of emotions among other factors enabled the students to provide compassionate care to HIV positive patients.

Scheper-Hughes and Lock (1986) indicate that societal and cultural images and representations of 'master diseases' like AIDS can be ugly and degrading and claim that such responses create a second illness in addition to the original affliction. They term this the 'double illness metaphor.' Arguably, dismissive attitudes displayed by health care professionals can have similar effects. Kottow (2001) indicates that although disease presents as an organic disorder, it is an existential crisis. Compassion is therefore, essential in HIV care because of the vulnerability HIV and AIDS places on patients.

Compassion is indispensable in the provision of nursing care. It is said that "any human act which concerns living beings, must be

* Corresponding author at: Kamuzu College of Nursing, Private Bag 1, Lilongwe, Malawi. Tel.: +265 888 316 265.
E-mail address: gladysmsiska@kcn.unima.mw (G. Msiska).

http://dx.doi.org/10.1016/j.nedt.2014.03.002
0260-6917/

Clinical

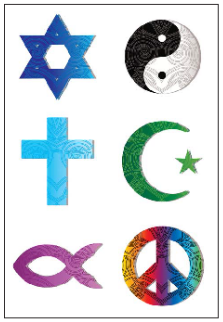
Cultural and religious beliefs in stoma care nursing

Pat Black, Consultant Nurse, The Hillingdon Hospital NHS Trust, and Honorary Senior Lecturer, Buckinghamshire New University

Abstract

The delivery of health care does not happen in a vacuum; health is part of a person's life that encompasses upbringing, culture and faith. One of today's challenges in stoma care is to bring to a multicultural society a high quality of care that will meet the appropriate needs of the patient. Cultural diversity is a fact of life; in a multicultural, multi-faith society, it is essential that care is offered in a way that respects and accommodates everyone's cultural and religious needs. This article discusses five main religions of the world — Islam, Christianity, Judaism, Sikhism and Hinduism — in terms of stoma surgery and care, and how this impacts upon patients' religious beliefs and culture.

Key words
■ Culture ■ Ethnic minorities ■ Religion ■ Awareness



Culturally competent care has its early origins with Leininger (1978, 1991, 1999), an American writer, and others who suggest that nursing is essentially transcultural, with different cultural orientations of the nurse and patient, and that knowledge about the patient's cultural values, beliefs and practices is an integral part of holistic nursing care (Leininger, 1999; Schim et al, 2007). Culturally competent care is described as care that is meaningful and fits with cultural beliefs and practice. Some researchers have pointed out that there is limited content on cultural diversity in nursing education, and suggest that educational strategies should include offering a course on cultural diversity, emphasizing different cultures and enabling students to consider the cultural implications of care plans (Davidhizar and Giger, 2001; Lundberg et al, 2005).

A classic definition of cultural diversity proposed by Tylor in 1871 (cited in Schim et al, 2007) is still in use:

'Culture is that complex whole, which includes knowledge, belief, arts, morals, law, custom and many other capabilities and habits acquired by man as a member of society'.

To understand cultural awareness, the HCA must remember that the uniqueness of groups has limitations, as variation within any community is likely to be broad. As understanding the cultural knowledge of various groups and their distinctions is difficult, HCAs should ask individuals questions about their preferred practice. For example, it is important to know that religious beliefs and practices can influence food choice, as there may be individuals within a group that observe strict dietary requirements, such as only eating halal or kosher food; however, the assumption cannot be made that because a patient is Jewish or Muslim they will necessary require halal or kosher food.

In today's multicultural society, minority ethnic groups form 7.9% of the UK population (*Table 1*), with 45% living in London (Office for National Statistics, 2001). Smaje (1995) suggests that the contemporary ethnic character of Britain's population was forged in the 19th and 20th centuries, largely as a result of government policies. Black and ethnic minority people have made their home in Britain for many decades, and the pattern of migration has evolved the demographic structure of the communities that are seen in Britain today.

Approaches and Outcomes : Relational Practice in Nursing “Context in Practice”

Presenters:
Examine beliefs about other cultures through nursing lens

Share healthcare system perspectives from another country

Use Cultural Sensitivity, Humility and Critique Source Evidence

Judges:
Peers evaluate for professional lens, bias, and stigmatization

“Did the presenters consider the voice of the other?”

Presenter Discussion Points

1) Epidemiological background on the country (what a nurse needs to know).

2) Insight regarding religious or spiritual beliefs related to healthcare practices.

3) What is the healthcare system like in the country and roles of nurse (is there a nurse association?)

4) How might a person from the country perceive a Canadian hospital?

5) Identify potential barriers in care, related to cultural beliefs and practices, which might be experienced in a Canadian health care system?

6) <u>As a Canadian nurse, how could you bridge care with a patient from the country/culture you have been assigned?</u>

Judge “Campus Idol” Points

Group Presentation Grading Rubric- 15% of Final Grade	
Answered questions with Evidence Based Sources: Notions to consider: • Where did they come from and were they acknowledged in type? • How were the sources culturally sensitive and respectful of inclusiveness? • What were the agenda’s of the sources? How did you know they were evidence based? • How were sources used, legitimized in the presentation?	/5
Critical Thinking/Insight: Notions to consider: • How was the message given to the audience through a nursing lens? • How was the message given with inclusive intent and a global lens? • How was stereotyping, bias paid attention to? • How did the information serve the audience, was it useful and fair?	/2
Organization and on Time (15 minutes): • Delivery of message clear and on topic	/3
Team Work: Notions to consider: • Demonstration of collaboration, how was this demonstrated?	/2
Participation of ‘Others’/Creativity: Notions to consider: • Also pay attention to inclusiveness/humility/respect of audience receiving message • Was there a sense of active participation and respect for those in the audience • How was respectfulness shared with the participants? • How was feedback received by peers (Campus Idol judges)?	/3
Total	/15

Cultural humility and sensitivity is found to influence cultural competence in nursing

Next Steps

- Anecdotal feedback and advice from students
  - "I found I had to keep checking my biases when I came across information that was different than I expected"
  - "I found it was easier to keep my labeling of different cultures in check, if I imagined someone from the culture we had explored was in the room; this way I could keep asking myself, would they be offended by what I said? How could I do this with integrity?"
  - "I reflected on did I advocate for their needs correctly? And I need to do this for real"
  - "As a judge, I was surprised by how much empathy and carefulness my peers shared when talking about other cultures; we were all so respectful and trying so hard to be culturally sensitive and found out so much about our own assumptions"
  - "I found my biases were challenged when looking into the literature and viewing the different websites from the other country's nursing associations"
  - "I became to realize how quickly I was wrong about another country, one I have never travelled in, but was influenced by media and my parents; I realized how much I don't know about others and how much I assume about what people's needs might be. I need to ask questions to individuals as individuals and also realize my biases and put them away"
  - "This assignment made us work hard as a group, feel very pressured to not be stereotypical (which was good) and was a great way to travel 'virtually', a first step to really think about how we have to respect other ways of being and still be professional with our nursing practice. Our biases have to be left at home, or we are unsafe and do not hear our patients"
- Next Steps: Continue providing an environment that is supportive and nurturing, moving toward practicing new skills beyond the classroom and explore impact of diverse patient experiences in the future.

References

Aghababaei, N. (2014). Attitudes towards euthanasia in Iran: The role of altruism. Journal of Medical Ethics, 40, 173-176. doi:10.1136/medethics-2012-101004

Alsharif, N. Z. (2012). Cultural humility and interprofessional education and practice: A winning combination. American Journal of Pharmaceutical Education, 76(7), 1-2.

American Association of Diabetes Educators. (2012). Cultural sensitivity and diabetes education. The Diabetes Educator, 38, 137-141

Black, P. (2009). Cultural and religious beliefs in stoma care nursing. British Journal of Nursing. 18(13), 790-793.

Brennan, A. M. W., Barnsteiner, J., de Leon Siantz, M. L., Cotter, V. T., & Everett, J. (2012). Lesbian, gay, bisexual, transgendered, or intersexed content for nursing curricula. Journal of Professional Nursing, 28, 96-104.

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: A model of care. Journal of Transcultural Nursing, 13, 181-184.

Chang, E., Simon, M., & Dong, X. (2012). Integrating cultural humility into health care professional education and training. Advances in Health Sciences Education, 17, 269-278.

CRNBC Professional Development Document. Peer Feedback: Learning From Each Other – available online https://crnbc.ca/QA/RN/PeerFeedback/Pages/Default.aspx

Foronda, C. Reinholdt, M., & Ousman, K. (2016). Cultural humility: A concept analysis. Journal of Transcultural Nursing. 27(3). 210-217.

Fahey, J. O., Cohen, S. R., Holme, F., Buttrick, E. S., Dettinger, J. C., Kestler, E., & Walker, D. M. (2013). Promoting cultural humility during labor and birth: Putting theory into action during PRONTO obstetric and neonatal emergency training. Journal of Perinatal & Neonatal Nursing, 27, 36-42. doi:10.1097/JPN.0b013e31827e478d

Forondo, C. L. (2008). Cultural sensitivity: A concept analysis. Journal of Transcultural Nursing, 19, 207-212. doi:10.1177/1043659608317093

Giger, J.N. & Davidhizar, R. (2002). Culturally competent care: emphasis on understanding the people of Afghanistan, Afghanistan Americans, and Islamic culture and religion. International Nursing Review, 49, 79–86.

Hook, J. N., Davis, D. E., Owen, J., Worthington, E. L., Jr., & Utsey, S. O. (2013). Cultural humility: Measuring openness to culturally diverse clients. Journal of Counseling Psychology, 60, 353-366. doi:10.1037/a0032595

ICN Code of Ethics. Found at http://www.scribd.com/doc/23056204/The-ICN-Code-of-Ethics-for-Nurses

Isaacson, M. (2014). Clarifying concepts: Cultural humility or competency. Journal of Professional Nursing, 30, 251-258. doi:10.1016/j.profnurs.2013.09.011

Miller, S. (2009). Cultural humility is the first step to becoming global care providers. JOGNN: Journal of Obstetric, Gynecologic & Neonatal Nursing, 38, 92-93. doi:10.1111/ j.1552-6909.2008.00311.x

Msiska, G., Smith, P., Fawcett, T., & Nyasulu, B. M. (2014). Emotional labour and compassionate care: What's the relationship?. Nurse Education Today, 34(9), 1246-1252. doi:10.1016/j.nedt.2014.03.002

Rew, L. (2014). The influence of culture on nursing practice and research. Journal for Specialists in Pediatric Nursing, 19, 1-2. doi:10.1111/jspn.12058

Tervalon, M., & Murray-García, J. (1998). Cultural humility versus cultural competence: A critical distinction in defining physician training outcomes in multicultural education. Journal of Health Care for the Poor and Underserved, 9, 117-125.

White, S. (1994). Empathy: a literature review and concept analysis. Journal of Clinical Nursing, 6, 253-257.