

Unveiling Transcultural Psychiatry Nursing and Providing Culturally Competent Care

Anumol Joseph*, Sonia**

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*Lecturer, Vijay Marie College of Nursing, Hyderabad, Telangana,. **Lecturer, Dashmesh College of Nursing, SGT University, Gurgaon, Haryana

Abstract

Culture is the context for interpreting human experiences such as health and illness and provides direction to decisions and actions. Provision of culturally competent care requires knowledge, attitudes, and skills supportive of implementation of culturally congruent care. Cultural assessment requires a comprehensive and thorough investigation of a client's cultural values, beliefs, and practices. Transcultural psychiatry is concerned with the social and cultural determinants of psychopathology and psychosocial treatments of the range of mental and behavioural problems in individuals, families and communities. Therapeutic alliance between the nurse and patient interactions helps in sorting out social, cultural, spiritual issues of the patient. In order to provide culturally competent care five key areas should be worked upon namely cultural awareness, cultural knowledge, cultural skills, cultural encounters & cultural desire. Nevertheless during assessing the client communication, physical distance or space, social organization, time orientation, environmental control, and biologic variations should be considered. Nurses today must recognize these critical needs and be committed to provide transcultural nursing care. Nurses must be sensitive to cultural aspects and knowledgeable about factors that influence the care of clients including issues related to culture, race, gender, sexual orientation, and social and economic situation.

Keywords: Transcultural Psychiatric Nurse; Culturally Competent Care; Culture Bound Syndrome.

Corresponding Author: Anumol Joseph, 201, Meghana Brundavan Apartments, East Anandbagh, Malkajgiri, Hyderabad -500047

E-mail: anujoseph@hotmail.com

Introduction

People from various cultures and subcultures are more common in today's world. These people are sensitive to the preservation of their cultural heritage and customs. The concept of transcultural nursing appeared less than 30 years ago since Madeleine Leininger first began to develop a theory of transcultural nursing as part of a doctoral study in anthropology [1]. Transcultural Nursing was developed because of the need to work with people from widely divergent cultural atmosphere [1].

Mental health nurse confronts clients with diverse cultural and ethnic background. These needs can be met by the study of transcultural psychiatric nursing [1]. Transcultural psychiatry is concerned with the social and cultural determinants of psychopathology and psychosocial treatments of the range of mental and behavioural problems in individuals, families and communities. Additionally to the clinical research methods of psychiatry, it draws from the disciplines of psychiatric epidemiology, medical anthropology and cultural psychology [1].

Definition

As per the definition by Leininger [1] transcultural psychiatry nursing is "a legitimate and formal area of study, research, and practice, focused on culturally based care, values, and practices to help cultures or subcultures maintain or regain their health and face disabilities or death in culturally congruent and beneficial caring ways".

Culturally competent nursing care means being sensitive to issues related to culture, race, gender, sexual orientation, social class, economic situation, and other factors [2].

Attributes and Attitudes Defining Cultures

As nurses living in a multicultural society, it would be unusual for us not to have come across a patient that is culturally and ethnically different from ourselves. Sometimes we can cross the barrier with ease, recognising the core values and beliefs of our patient and working with these. At other times the barrier is harder, or even impossible to cross. Communication difficulties arise-even when a translator is available, non-verbal messages may be missed by the patient, or even by the health professional.

It is important for the nurse to be aware of cultural trends keeping in mind individual preferences. Knowledge about culture comes from awareness about the same. As we know that person's illness is influenced by his culture. Some attitudes and attributes have been identified among people of different cultures. Some examples we get to see daily in clinical setting having encounters with global patients are as follows [3]:

- A Middle-Eastern patient on strict bed rest attempts to get out of bed in order to pray facing towards Mecca.
- A Chinese patient refuses pain medication after surgery (his cultural belief being that it is impolite to accept something the first time it is offered).
- The family of a newborn baby hang a knife over its crib in order to "ward off evil spirits".
- Jewish clients refusing blood transfusions.
- Dietary restrictions are adhered strictly by certain religious communities like Muslims prohibited from eating pork and Hindus do not favour beef eating practices [3].

Although we, as health professionals, constantly strive to provide sensitive, compassionate care, there is no doubt we can find ourselves in circumstances that challenge us. In mental health setting, presence of culture bound syndromes (are illness constituted by the personal, social, and cultural explanations and reactions of a given society to perceived dysfunctions or abnormalities in its members.) and Hwa Byung [4] (is a Korean culture bound syndrome observed among middle age, low income women who are overwhelmed and frustrated by the burden of caregiving for their in-laws, husbands and children resulting in somatic symptoms) are encountered by nurses, who should understand that these illnesses are related to anger arising from depression. These illnesses should be treated differently. Although we don't need to have a comprehensive understanding of the cultural and ethnic norms of all those who live in our society, we

do need to make an effort to communicate with our patients and understand their needs in order to provide appropriate transcultural care [4].

Campinha-Bacote's Model of Cultural Competence In Health Care Delivery

Five areas of cultural competency identified by Campinha Bacoate were [5-6]:

- Cultural awareness defined as the process of conducting self-examination of one's own biases towards other cultures and the in-depth exploration of one's cultural and professional background. Cultural awareness also involves being aware of the existence of documented racism in healthcare delivery [5-6].
- Cultural knowledge is defined as the process in which the healthcare professional seeks and obtains a sound information base regarding the worldviews of different cultural and ethnic groups as well as biological variations, diseases and health conditions and variations in drug metabolism found among ethnic groups (Biocultural ecology) [5].
- Cultural skills is the ability to conduct a cultural assessment to collect relevant cultural data regarding the client's presenting problem as well as accurately conducting a culturally-based physical assessment [6].
- Cultural encounters is the process which encourages the healthcare professional to directly engage in face-to-face cultural interactions and other types of encounters with clients from culturally diverse backgrounds in order to modify existing beliefs about a cultural group and to prevent possible stereotyping [6].
- Cultural desire is the motivation of the healthcare professional to "want to" engage in the process of becoming culturally aware, culturally knowledgeable, culturally skilful and seeking cultural encounters; not the "have to." Cultural desire is the spiritual and pivotal construct of cultural competence that provides the energy source and foundation for one's journey towards cultural competence. Therefore, cultural competence can be depicted as a volcano, which symbolically represents that it is cultural desire that stimulates the process of cultural competence [5]. An example of such a situation might arise when a nurse is asked to care for an Arab patient whose political and/or religious beliefs are in direct contrast to his/her beliefs. In this case, too, commitment to the process of cultural desire

requires the nurse to be available to care for patients, even when there may be a natural instinct to resign oneself from the nurse-patient interaction [4].

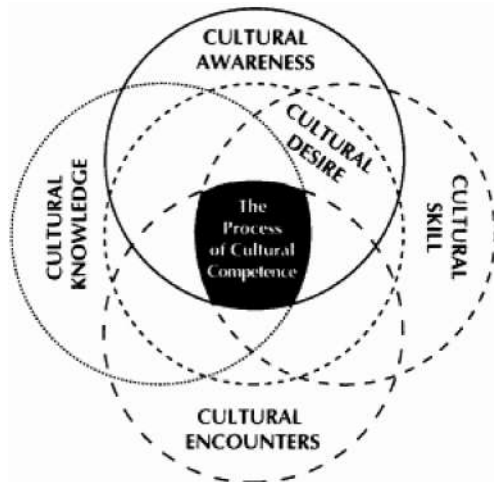


Fig. 1: Campinha-Bacote's Model of Cultural Competence in Health Care Delivery

Effectiveness in these five areas provides evidence of culturally competent psychiatric nursing care that is both appropriate and high quality [7]. Cultural competency requires the nurse to ask informed questions out of bias [8]. For example, a study of the association of ethnicity and sexual orientation (gay, lesbian or bisexual) with risk of suicide in black, Caucasian and Latino youth found that young age and substance abuse behaviour did not predict the risk of suicide attempt was associated with daily life experiences with multiple sources of stigma, bias, prejudice, and discrimination related to their sexual orientation and ethnicity [9]. These findings show the value of general cultural knowledge and the need to ask patients about their specific personal life experiences. Patient centred care requires knowledge of how social, cultural, and spiritual life experiences and personal characteristics may influence mental health, psychiatric nursing care and treatment outcomes without bias, assumptions or overly simplistic views of complex life experiences [8].

Factors in Cultural Assessment

Bechtel [10] recommended a model for assessing clients using six cultural phenomena: communication, physical distance or space, social organization, time orientation, environmental control, and biologic variations. Each phenomenon is discussed in more detail below.

Communication

Verbal communication can be difficult when the client and nurse do not speak the same language. The nurses should be aware that nonverbal communication has different meanings in various cultures. For example, some cultures welcome touch and consider it support-Spain and France consider a firm handshake a sign of strength and good character [10].

Physical Distance or Space

Various cultures have different perspectives on what they consider a comfortable physical distance from another person during communication. In the United States and many other Western cultures, 2 to 3 feet is a comfortable distance [9]. The nurse should be conscious of these cultural differences in space and should allow enough room for clients to be comfortable.

Time Orientation

Clients some cultures may not perceive the importance of adhering to specific follow-up appointments or procedures or time-related treatment regimens. Nurses should not label such clients as noncompliant when their behaviour may be related to a different cultural orientation to the meaning of time. When possible, the nurse should be sensitive to the client's time orientation, as with follow up appointments. When timing is essential as with some medications, the nurse can explain the importance of more precise timing [10].

Environmental Control

Environmental control refers to a client's ability to control the surroundings or direct factors in the environment [10]. People who believe that they have control of their health are more likely to seek care, to change their behaviour, and to follow treatment recommendations. Those who believe that illness is a result of nature or natural causes (personalistic or naturalistic view) are less likely to seek traditional health care because they do not believe it can help them.

Biologic Variations

Biologic variations based on physical makeup are said to arise from one's race, whereas other cultural variations arise from ethnicity. For example, sickle-cell anaemia is found almost exclusively in African Americans, and Tay-Sachs disease is most prevalent

in the Jewish community [10].

Nursing Assessment

Narayanasamy [11] developed the ACCESS model in order to help health professionals bridge the cultural gap and provide acceptable transcultural care:

- Assessment - focus on cultural aspects of client's lifestyle, health beliefs, and health practices
- Communication - Be aware of variations in verbal and non-verbal responses
- Cultural negotiation and compromise - become more aware of aspects of other people's culture as well as understanding client's views and explaining their problems
- Establishing respect and rapport - A therapeutic relation which portrays genuine respect for client's cultural beliefs and values is required
- Sensitivity - Deliver culturally sensitive care to a culturally diverse group
- Safety - Enable clients to derive a sense of cultural safety

It is always important to remember that just because a person looks different to ourselves, or even identifies with a different culture, they are still an individual. Their values, beliefs and practices may be the same as our own, or completely different - it is up to us to establish these similarities or differences, and acknowledge these in the way we treat our patients.

Self assessment is essential in the delivery of culturally competent psychiatry nursing care. Nurses should explore their responses to the following questions [12]:

- What personal characteristics of the patient have I noted, and what are my reactions, positive and negative, to those characteristics?
- What differences do I think may exist between the patient and myself, and what assumptions have I made based on them?
- Does the patient's appearance or language make me think that what I am seeing or hearing is abnormal?
- What labels am I subconsciously applying to this patient, and how did I learn them?
- What other explanations might account for patient's behaviour?
- Have I given the patient the opportunity to express beliefs, values, expectations and concerns about

symptoms and possible treatment [12]?

The nurse should be aware of the sociocultural stressors like prejudice, racism, discrimination, stigma or stereotypes governing the society that can hinder the delivery of psychiatric care. Additionally the nurse can ask further questions to elicit patient's understanding of the questions. These include [12]:

- What do you think is causing you problem?
- Has this happened before? If so what helped and made it worse?
- How is this problem affecting your home and work?
- What do you think will help you know?
- What is your goal for the treatment?
- What concerns do you have about the care you have received?

Therapeutic alliance-nurse and patient interactions in sorting out social, cultural, spiritual issues of the patient

- The culturally competent nurse should not assume knowledge of a patient based on causal observations of ethnicity or gender. Neither should a nurse draw generalizations about groups based on these factors.
- At the initial meeting, the nurse may rely on what he or she knows about a client's particular cultural group such as preferences for greeting, eye contact, and physical distance. Based on the client's behaviour, the nurse can alter that approach as needed. For example, if a client from a culture that does not usually shake hands offers the nurse his or her hand, the nurse should return the handshake. Variation among members of the same cultural group is wide, and the nurse must remain alert for these individual differences [10].
- The culturally competent nurse should emphasise the importance of social, cultural, and spiritual forces; recognizes the uniqueness of each patient; respects the nurse patient differences; and incorporates sociocultural information into psychiatric nursing care.
- To provide culturally competent care, the nurse must find out as much as possible about a client's cultural values, beliefs, and health practices. Often the client is the best source for that information, so the nurse must ask the client what is important to him or her – for instance, "How would you like to be cared for?" or "What do you expect (or want) me to do for you?" [12].
- An open and objective approach to the client is

essential. Clients will be more likely to share personal and cultural information if the nurse is genuinely interested in knowing and does not appear sceptical or judgmental. The nurse should ask cultural awareness questions even to clients from his or her own cultural background. Again, people in a cultural group vary widely, so the nurse should not assume that he or she knows what a client believes or practices just because the nurse shares the same culture [12].

- Healthy recognition of nurse patient socio-cultural differences can enrich health care experience for both patient and the nurse. Furthermore the nurse should view patient's family and friends as important allies as they are integral role in treatment process [13].
- Nurse should support the adaptive belief system of the patient and strive to incorporate them in nurse patient interactions. For example people feel better in the presence of their faith believers or spiritual networks. Additionally supernatural belief system also play a natural support system for people with mental illness as well as a culturally based way of understanding how the illness fits into patient's life. For instance some people believe that are guarded by a protected angel [13].
- A culturally competent mental health care system assesses cross cultural relations, understands the dynamics of cultural differences, expands knowledge about different cultures, and committed to adapt services to meet culturally based needs [13].
- The nurse actively can be involved in culturally responsive counselling considering ethnic identity, family influences, gender role socialization, religious and spiritual influences and immigration experiences.
- The nurse should encourage certain spiritual beliefs promote healthy living, stress reduction and enhance the quality of life for example avoidance of alcohol and psychoactive substance use. The degree of compatibility between the patient's and provider's belief systems can influence patient satisfaction with and response to treatment [14].

Conclusion

Culture has the most influence on a person's health beliefs and behaviours. Transcultural nurses are in an ideal position to demonstrate how the provision of culturally congruent care will shape health care in the future. Nurses need educational preparation to provide themselves with the knowledge, skills, and

attitudes essential to work with people from different cultures. Nurses today must recognize these critical needs and be committed to provide transcultural nursing care. To provide competent nursing care, nurses must be sensitive to and knowledgeable about factors that influence the care of clients including issues related to culture, race, gender, sexual orientation, and social and economic situation. Culture has the most influence on a person's health beliefs and behaviours.

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E-mail: author@rfppl.co.in