Cross-Cultural Nursing Considerations

Nurses are uniquely positioned in healthcare to provide direct care to patients of varied ages, races, ethnicities, and cultures within their practice setting.

Background

- The historical *one size fits all* approach in healthcare resulted in grave health disparities, a deep mistrust of the healthcare system, and poor health outcomes amongst minorities and other marginalized groups.
- As nurses strive to provide high-quality care in an increasingly diverse population, it is vital for nurses to effectively communicate, build trust, and reach patients across barriers. This may include cultural, socio-economic, gender, race, ethnic, or language barriers.

Culture

- Groups use their shared customs, beliefs, rules, and values as a means of interpreting their experiences, as well as directing their behavior patterns.
- An individual’s identified culture shapes their health-related beliefs and has a major impact on their experience of the health-care system.

Misconceptions

- Traditionally, teaching on cultural competency in nursing focused on understanding the norms of a particular culture, as a means to provide culturally-sensitive care. This was both impractical and misguided.
- The concept of cultural competency is reductive and over-simplifies large cultures by not taking into account the great variation that exists *within* cultural groups such as Americans, Europeans, or Latin-Americans.

Encounter dynamics

- Three unique cultural perspectives intersect during *every* healthcare encounter:
  1) The culture of medicine (e.g. belief in scientific evidence and respect for patient autonomy)
  2) The culture of the bedside caregiver (e.g. inherent bias and communication style)
  3) The culture of the patient (e.g. language, norms, beliefs, family support structure)
- To effectively manage this intersection, caregivers must exhibit *respect, empathy, and curiosity* as they seek to understand the patient’s individual perspective and experience.
- Sociocultural differences between bedside caregivers and patients influence communication and decision-making, with evidence suggesting that good communication between patients and caregivers can improve satisfaction, adherence, and health outcomes (Betancourt, Green, Carrillo, 2018).
Best Practices

Contemporary methods

- Perspective-taking is an approach which encourages caregivers to take the patient’s unique sociocultural background into consideration, as it may affect:
  - How they present their symptoms (stoic versus emotive)
  - Their threshold for when to seek care (proactive versus reactive)
  - Comprehension of care strategies (limited versus deep health literacy)
  - Expected outcomes of care (holistic/therapeutic versus medical/diagnostic)
  - Likelihood of adherence or compliance with preventive measures, medication regimens, follow-up, and inclusion of alternative modalities

- There is no single superior paradigm for providing appropriate and meaningful culturally-sensitive care to patients.

- Available research supports the education of bedside caregivers in cross-cultural care to maximize patient outcomes.

- Caregivers that are educated to acknowledge and respect sociocultural differences show improved attitudes toward patients, with more respectful and effective communication patterns.

- Acknowledging the historical racial, gender, social, and ethnic disparities endemic in the healthcare system can lead to more meaningful and effective clinical encounters for both clinicians and patients.

Communication pearls

- Current research supports a balanced approach to communication, building trust with patients, and acknowledging differences in order to transcend them.

- The literature lists the following as core cross-cultural issues to address with patients navigating the healthcare system:
  - Communication styles
  - Prejudices and mistrust
  - Family dynamics and decision-making
  - Traditions, customs, and spirituality
  - Gender and sexuality issues

- Time constraints are an oft-cited barrier to effective cross-cultural nursing, as it takes time to fully assess and to establish a trusting relationship with new patients.

- Use interpreters to assist patients with limited English-language proficiency. Avoid common pitfalls of effective communication using interpreters.
  - Remember to make eye contact with the patient and address the patient, not the interpreter.
  - Position the interpreter so that everyone can see one another.
  - Avoid medical terminology and acronyms.
  - Instruct the interpreter to alert you if they perceive any communication issues.
Keep questions short and ask one at a time.
- More detailed guidelines can be found here.
- Routinely assess for understanding, utilizing a teach-back technique.
- Ask patient about their desired level of family involvement in their decision-making, respecting their autonomy as well as their possible desire to include family members or defer to their choices.
- Use open-ended questions to elicit patient and family input and preferences and be willing to incorporate preferred modalities and treatments as appropriate.
- Alternative therapies and treatments should be considered as adjuncts to care and included whenever possible in accordance with patient and family wishes.

References:
