The Role of Cultural Humility in Intercultural Representations

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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’
Introduction and Background

This paper presents the findings of a study exploring the clinical decision-making of healthcare providers when caring for patients with stoma care. The study was conducted in a tertiary care hospital in a major city in the United States. The purpose of the study was to examine the factors that influence clinical decision-making in stoma care and to identify best practices for improving the care of patients with stomas.

The study involved a survey of healthcare providers (nurses, physicians, and pharmacists) who were responsible for the care of patients with stomas. The survey was administered online and included questions about the providers' knowledge of stoma care, their decision-making processes, and their experiences with patient care.

The findings of the study indicate that healthcare providers have varying levels of knowledge about stoma care and that this knowledge is influenced by a number of factors, including education, experience, and cultural background. The study also revealed that healthcare providers often make decisions based on their intuition or their own personal experiences, rather than on evidence-based practices.

Clinical

Cultural and religious beliefs in stoma care nursing

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Abstract

Culturally competent care is essential in ensuring that patients receive appropriate care that is respectful of their cultural and religious beliefs. This study explored the cultural and religious beliefs of patients with stomas and the response of healthcare providers to these beliefs.

Introduction

Cultural and religious beliefs play a significant role in the care of patients with stomas. Patients may have unique beliefs and practices that affect their care, and healthcare providers must be culturally competent to provide appropriate care. This study aimed to explore the cultural and religious beliefs of patients with stomas and the response of healthcare providers to these beliefs.

Methods

A qualitative study was conducted using in-depth interviews with patients with stomas and healthcare providers. The interviews were conducted in both English and Spanish and were recorded and transcribed. The data were analyzed using thematic analysis.

Results

The findings of the study indicate that patients with stomas have a variety of cultural and religious beliefs that influence their care. Healthcare providers were found to be more culturally competent in responding to patients' cultural and religious beliefs when they had received cultural and religious education.

Conclusion

Culturally competent care is essential in ensuring that patients receive appropriate care that is respectful of their cultural and religious beliefs. Healthcare providers must be culturally competent to provide appropriate care and must receive cultural and religious training to improve their understanding of patients' beliefs.

Key words

Culture, Ethnics, Inculturation, Religious, Awareness
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) As a Canadian nurse, how could you bridge care with a patient from the country/culture you have been assigned?
# Judge “Campus Idol” Points

<table>
<thead>
<tr>
<th>Group Presentation Grading Rubric - 15% of Final Grade</th>
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<tbody>
<tr>
<td><strong>Answered questions with Evidence Based Sources:</strong></td>
</tr>
<tr>
<td>Notions to consider:</td>
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<tr>
<td>• Where did they come from and were they acknowledged in type?</td>
</tr>
<tr>
<td>• How were the sources culturally sensitive and respectful of inclusiveness?</td>
</tr>
<tr>
<td>• What were the agenda’s of the sources? How did you know they were evidence based?</td>
</tr>
<tr>
<td>• How were sources used, legitimized in the presentation?</td>
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<td>/5</td>
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| **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):**             |
| Notions to consider:                                   |
| • 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


