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Cultural Diversity – Changes and Challenges

Canadian registered nurses[1] are being challenged to care for increasingly diverse clients. Because of this we do not have to look far to find examples of nurses providing culturally sensitive care to a variety of individuals, families or communities.

In a small community in Saskatchewan a nurse on a medical unit responds to the requests of Aboriginal families to perform traditional sweet grass healing ceremonies. Other departments help to develop a policy to accommodate this ceremony within the non-smoking environment.

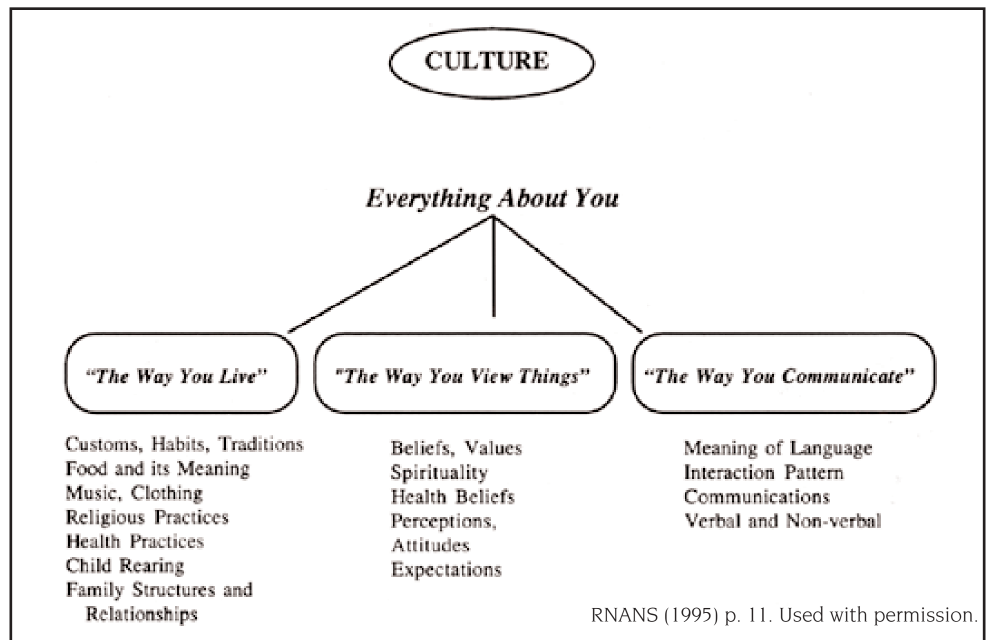
The maternal-newborn public health nursing team requests an educational program about Asian postnatal religious, food, and bathing practices. They learn about common beliefs, rituals and expectations so that they can understand the needs of a large Asian community.

In the Atlantic provinces a premature infant of Muslim parents dies of uncertain causes. The neonatal nurse-physician team obtains the family's consent for an autopsy. They make arrangements for the autopsy to be completed prior to sundown on the day of death. This family's religious traditions require the burial rituals to be performed before sundown.

Because Canadian nurses are expected to learn about cultural diversity, knowledge, skills and attitudes about culture are included in the 1999 CNA *Blueprint for the Registered Nurse Examination*. These competencies are: demonstrating consideration for client diversity; providing culturally sensitive care (e.g., openness, sensitivity, recognizing culturally based practices and values); and, incorporating cultural practices into health promotion activities.

The CNA *Code of Ethics for Registered Nurses* requires that nurses provide care in response to need regardless of the culture of the client. To assist nurses in providing this care, cultural issues are featured in nursing literature, conferences, research, and in standards of nursing practice.

Nursing focuses on the well-being of clients. Clients can be individuals, families and communities. The building blocks of effective nurse-client relationships are caring, respect, openness and a client-centered focus. These building blocks are also fundamental to providing culturally appropriate care.



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CNA has prepared this resource to examine what culture is and how it is changing. It will also examine what nurses need to know about providing care that is respectful of culture.

It is a challenge for nurses to understand the way clients of various cultures think, feel and behave when it comes to matters of health.

What is culture?

Each of us has a culture. Leininger defines it as "…the learned values, beliefs, norms and way of life that influence an individual's thinking, decisions and actions in certain ways.[2] Culture has been characterized as: "… a way of life, a way of viewing things and how one communicates ... it provides an individual with a way of viewing the world, as a starting point for interacting with others ... all encompassing and reflects the assumptions individuals make in every day life."[3]

Once we know what culture is, being aware of it is an important step. Culture is individual, learned and shared. It varies across groups and over time. A person's culture is rooted in ethnicity and race but these roots never solely determine it.

Culture is influenced by factors such as age, gender, education, life experience and sexual orientation. Social and economic status, race, language and ethnicity also influence culture.

It is a challenge for nurses to understand the way clients of various cultures think, feel and behave when it comes to matters of health. It is especially difficult because the cultural face of Canada has changed over the past 15 years. Canadians have a larger range of ethnicity, language, and country-of-origin than ever before.

What are the barriers to culturally appropriate care?

A number of factors hinder the development of a health system that is sensitive to culture.

Lack of experience and lack of knowledge are two of these factors. Lack of knowledge may occur when students are not exposed to ethnocultural content in health care curricula. Educators may be unable to provide specific knowledge or experiences to help students provide sensitive care for any number of reasons. Attitudinal factors such as fear, ethnocentricity, cultural blindness, racism and discrimination can also keep individuals from being sensitive to the culture of others.

What is the new Canadian cultural picture?

Immigration

Recent census information[4] shows that immigration to Canada increased by 15 per cent in the five years leading up to 1996. This is three times higher than the growth of the Canadian-born population! During the 1980s and 1990s more Asians and Middle Easterners than Europeans came to Canada as immigrants.

Most immigrants settled in large urban areas. In 1996, 42 per cent of Toronto's population were immigrants. They came from Asia and the Middle East, Central and South America, the Caribbean and Africa. In 1996, about a third of people who lived in Vancouver were immigrants. The majority of immigrants in Vancouver and the rest of British Columbia are Asian. Montreal also has a large number of Asian immigrants. As well, it has a larger number of people from French speaking countries such as Haiti, than do other Canadian cities.

While most immigrants come to the larger centres, many of them subsequently move to other cities and towns. Gradually, the trends related to cultural diversity affect those small centres. Cultural diversity is not just a large urban issue.

Ethnic origin and visible minorities

In 1996, visible minorities represented 11.2 per cent (3.2 million) of the Canadian population. This is up from 6.3 per cent, 10 years earlier. Chinese and South Asians were among the most prevalent visible minorities. Many had just arrived in Canada.

Aboriginals are another visible minority. In 1996, 1.1 million people (about three per cent) of the population reported having aboriginal ancestry (i.e., Indian, Métis or Inuit).[5] Ontario, British Columbia and Manitoba had the highest numbers of Aboriginal people. However, the highest concentration was in the north where Aboriginal people make up 62 per cent of the population of the North West Territories (including Nunavut) and 20 per cent of the Yukon Territories. About one quarter lived in major urban centres.

What is cultural effectiveness?

Cultural effectiveness involves a partnership between the health care provider and the client. Cultural effectiveness is essential to the accurate assessment of client health status, needs and goals. Cultural effectiveness is linked to good health outcomes.

Variable terminology

While terms vary, they share common elements. For example, the following terms share a respect for culture and cultural diversity: culturally sensitive; culturally appropriate; culturally specific; culturally responsive; culturally relevant; and, culturally competent.

Subtle differences among definitions can account for trends in terminology. Cerny found that meanings of the term **cultural sensitivity** can vary.[6] For example, cultural sensitivity is sometimes seen as a tool for increasing nursing efficiency to provide care in spite of cultural barriers. It can be viewed as a control orientation. On the other hand, a humanist orientation to cultural sensitivity emphasizes understanding, respect, personal growth and communication. Culturally sensitive care can be defined as "…knowing the total patient ... through cultural assessment and communication and, the delivery of care in a manner that is respectful, accepting, flexible, open, understanding and responsive to the cultural needs of

clients and families ... resulting in holistic and responsive care."[7]

The term **cultural competence** describes a process in which health care providers develop cultural awareness, knowledge, and skill in encounters with people of other cultures.[8]

Cultural sensitivity and **cultural competence** have both been applied to health care organizations and individual providers. Both terms are sometimes used to talk about meeting the needs of culturally diverse staff and clients.

Transcultural care describes the skills of the health professional in providing care. Transcultural care includes cultural assessment, respect for the individual and incorporation of cultural values into care. To provide transcultural care, cultural awareness and sensitivity are essential.[9]

Cultural health care initiatives

Canadian registered nurses are meeting the challenge of providing high quality care for diverse clients through initiatives designed to address cultural needs. Examples include nurses in Vancouver who care for the mental health needs of elderly Asians[10]; nurses in Halifax who deal with black women's health issues; and in Whitehorse where First Nations Health Programs provide access to traditional healers, among other services for First Nations peoples.

In Ontario, the *Native Registered Nurses Entry Program* at Lakehead University teaches students to provide culturally appropriate care to Canada's Aboriginal communities.[11] In Toronto, anti-racism health care workshops are developing. A cultural interpretation program sponsored by seven Toronto hospitals increases the access to services for clients from diverse ethnic, cultural and linguistic backgrounds.[12]

In southern Alberta, community nursing students and a local health unit participate in a cultural needs assessment project with a Mexican Mennonite community.[13] In Edmonton, the Dragon Rise Health Team delivers culturally specific community health nursing care to Chinese and Vietnamese families by staff from the same ethnocultural backgrounds.[14]

The Aboriginal Nurses Association of Canada recognizes that the health needs of First Nations and Inuit people can be met by health professionals of similar cultural backgrounds and a common vision of wellness. The organization strives to recruit Aboriginal people into health fields, promote Aboriginal control of health services, and increase education about Aboriginal health and cross-cultural nursing.

Four key responsibilities: perform cultural assessments; use cultural knowledge; understand communication and form partnerships.

Nursing responsibilities

There are four key responsibilities for nurses wishing to provide culturally appropriate care. These are: perform cultural assessments; use cultural knowledge; understand communication and form partnerships.

Cultural assessment – challenges nurses to examine personal attitudes and values about health, illness and health care. When nurses understand the differences between personal values and beliefs and those of the clients they appreciate the strength of both. The plan of care can then become mutually respectful and effective.

Cultural knowledge – includes learning about the health beliefs and values of clients. It includes how these influence their response to health care and beliefs about self-care in health and illness, the role of health care providers and hospitalization, birth practices, death and dying, family involvement, spirituality, customs, rituals, food and alternative or traditional therapies. This encourages respectful and open exploration of client attitudes, beliefs, perceptions and goals.

Verbal and non-verbal communication – between client and provider can be a barrier to accessibility of services. The use of facial expressions, body language and norms related to eye contact are examples of non-verbal communication differences that need to be understood. Listening, respecting and being open are essential. Specialized health care interpreters can be more effective than volunteer translators in interpreting both the words and the meaning of health information in a culturally accurate context.

Partnership among clients, providers and funding agencies – is essential to develop a system that incorporates culturally diverse practices into health care services while optimizing health outcomes for the client. Partners can establish health care needs, mutual goals for individuals and communities and facilitate client choice.

Future strategies

Nurses work throughout the health care system. There are many strategies nurses can use to improve responsiveness to culture at various levels. All nurses can:

- Increase personal cultural awareness, knowledge and skills. This can be done through application, reflection, and continuing education. Awareness, knowledge and skills can be modeled and taught to students and others.
- Advocate for education and anti-racism training for health managers and providers; changes to workplace practices and policies to improve cultural sensitivity of care; and, multicultural content in the health curriculum to educate students about how to practise from a cultural, as well as, from the traditional biomedical basis.
- Collect information about local ethnic diversity and the implications for health care. If there is local input into the identification of needs and the development of models of care then standards for services are more likely to be respectful of culture and are more likely to reflect the diversity of the community.

- Encourage recruitment of practitioners from culturally diverse backgrounds representative of the population and for multicultural coordinators. They can play a role in guiding the delivery of care, staff education , policy development, cultural interpretation and communicating with cultural groups.

Because of their close contact with clients, nurses are ideally positioned to have an impact on the health care system. The system can become more sensitive to the cultural needs of clients. Nurses in roles such as practitioners, educators, managers and researchers can all contribute to achieving this goal. As the nursing profession moves towards the goal of providing culturally appropriate care it will find that outcomes for clients will improve and that nurses will have a more satisfying working experience.

RESOURCES TO LEARN MORE ABOUT THE NURSING OF CULTURALLY DIVERSE CLIENTS

☑ Network with nurses who are working with culturally diverse clients. Sharing information and services will help you to identify community needs and a collaborative network for referrals.

☑ Consult your provincial/territorial association. Nursing practice and educational consultants can provide you with practice standards, advice, position statements and guidelines. Two examples are:
- College of Nurses of Ontario. (1998). *Practice Guidelines for Registered Nurses Providing Culturally Sensitive Care*. Toronto: Author.
- Registered Nurses Association of Nova Scotia (1995) has published a cultural assessment tool.

☑ Ask the Canadian Association of University Schools of Nursing for information about continuing education and degree programs. Found on the internet at www.causn.org

☑ Contact local community colleges about courses on cultural issues in health care. Found on the internet at www.accc.ca

☑ Visit the Canadian Paediatric Society's web site for information about how to order *Children and Youth New to Canada: A Health Care Guide*. This book promotes understanding of the connection between culture and health. Found on the internet at www.cps.ca/english/publications/CatalogueChildrenNewtoCanada.htm

☑ Consult government web sites on the internet such as Health Canada at www.hc-sc.gc.ca

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[1] Subsequent use of “nurse” refers to registered nurse.

[2] College of Nurses of Ontario. (1999). *Guide to nurses for providing culturally sensitive care*. Toronto: Author.

[3] Registered Nurses Association of Nova Scotia. (1995). *Multicultural health education for registered nurses: A community perspective*. Halifax: Author. P.10.

[4] Statistics Canada. (1998). *The daily. 1996 census: Immigration and Citizenship*. www.statcan.ca/Daily/English/971104/d971104.htm

[5] Statistics Canada. (1998). *The daily. 1996 census: Aboriginal Data*. www.statcan.ca/Daily/English/980113/d980113.htm

[6] Cerny, L. (1997). *Cultural sensitivity study*. Masters thesis, Department of Sociology, McMaster University, Hamilton, Ontario, Canada.

[7] RNANS. p.14.

[8] Campinha-Bacote, J. (1994). *The process of cultural competence in health care: A cultural competence model of care* (2nd Edition). Wyoming: Transcultural Care C.A.R.E. Associates. P. 7.

[9] Cooper, T. (1996). Culturally appropriate care: Optional or imperative. *Advanced Practice Nursing Quarterly*, 2(2), 1-6.

[10] Masi, R. (1998). *Removing the barriers: Inclusion, diversity and social justice in health. Symposium report*. Downsview: Author.

[11] Lakehead University. (1998). *Native registered nurses entry program*. www.lakeheadu.ca/~firstnation/nnep.html (6/26/99)

[12] Wlodarczyk, K. (1998). The interhospital interpreter project. *The Canadian Nurse/ L'infirmière canadienne*, 94(5), 22-25.

[13] Kulig, J. & McCaslin, C. (1998). Health care for the Mexican Mennonites in Canada. *The Canadian Nurse/L'infirmière canadienne*, 94(6), 34-39.

[14] Morris, H., Ogilvie, L., Fung, M., Lau, A., Ong, A. & Boyd, J. (1999). Cultural brokering in community health. *The Canadian Nurse/L'infirmière canadienne*, 95(6), 28-32.

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