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Intercultural mediation at the end of life. Different perceptions of the same process

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Abstract

The aim of this study was to identify the perceptions of palliative care professionals with regards to the management of patients from a different culture, and if there is a need to incorporate an intercultural mediator. To understand the influence of the intercultural mediator as a facilitator in the decision making of the patient and family at the end of life. The methodological approach is centered in pluralism, reinforced by triangulation of data and information. The intercultural mediator is crucial because they can provide light in a multitude of conflict situations caused by lack of knowledge about the patient's culture.

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1. Introduction

Death is a concept constructed by society. The fears, hopes and reactions that people have with regards to death are not instinctive attitudes, but learned within their culture. Every culture has a coherent vision that tries to explain and give meaning to the chaos that is death. The strategies that the patient uses to cope with this experience depends largely on the culture from which that person comes and on the cultural weight that dying represents in it. Although the individual's perception is associated with traditions, different concerns are found at the moment of planning the final days. If we want to be respectful to others, but also aim to exercise professional care, we must begin to understand the vision of the people we are with, how they think, how they perceive the moment surrounding death, what are their

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needs, its significance, what are the care practices of their culture, how they imagine the end of life and how they explain things that happen.

End of life care, as per Vivanco (2013), requires an approach of active compassion, comfort and support to patients dying of progressive or chronic conditions. Such care is sensitive to personal, cultural and spiritual values, beliefs and practices and includes support for family and friends during the period of mourning. Cultural beliefs and practices are aspects that become relevant in care and decisions made in the process of dying; a review of the literature by the Catholic University of Chile (Rodríguez, 2005 & Gonzalez, Fernandez, Fuentes, & Medina, 2012), states that the approach of death involves considering values and practices of important cultural origin, it is necessary to foster an atmosphere where the expression of culture is supported and celebrated; preventing cultural clashes which disturb the patient and family and enabling care to be focused on the person.

Individuals are unique, valued in themselves until the time of their death. People's desires and needs must be respected. Some important components of the philosophy of palliative care can be influenced by culture in terms of beliefs, expectations and familiarity. These include: the perception of the patient and family as the core of care, physical aspects of care including symptom control, psychological support, the ethical dimension, decision making and care practices, expressions of mourning and rituals.

In order to provide quality care, it is necessary to ensure culturally competent care at the end of life; this concept was introduced into nursing discipline by Madeleine Leininger, when she founded the field of Transcultural Nursing in the mid-50s. Later, in the 60s, she defined it as the beliefs, values and lifestyles of a particular group that are learned and shared, and usually transmitted by intergenerational contact influencing the ways of thought and action (Leininger, 1995). According to the author, this definition allows us to understand the holistic dimension of a culture; this is important because culture shapes the way the person experiences health and disease (Spector, 2012).

Other important authors in the field of Transcultural Nursing either rely on the Leininger's definition, or (without naming her) offer various definitions of culture, addressing their own models and theories. This is the case of authors such as Larry Purnell and his model of cultural competence, Dula F. Pacquiao and his model of decision making, the Josepha Camphina-Bacote ethical performances culturally competent in care model, the theory of cultural traditions in health of Rachel Spector, the Gigger and Davidhizard model or the Toni Trypp-Reimer model (cited by Galao-Malo, Lillo, Casabona & Mora, 2005).

Except for Leininger, none of the revised theories take into account cultural competence at the end of life; this was one of the reasons why it was felt necessary to analyze these theoretical considerations in the healthcare field, and evaluate whether this philosophy, that is leading transcultural nursing, has a place in the daily life of professionals working with patients in their final stages.

In this paper, we explore the approach of diversity management at the end of life by palliative care professionals, what their needs and perceptions are, and their attitudes to the final journey of people from other cultures; also we intend to analyze what they perceive as necessary in the final care of people from other cultures; and if they know the signifiers and meanings of each culture.

This confrontation of perceptions can allow us to describe the position in which each one of us is, what we give to them, what we should give and if we truly are willing to do it.

2. Objectives

To identify the perceptions of palliative care professionals with regards to the management of patients from a different culture, and if there is a need to incorporate an intercultural mediator. To understand the influence of the intercultural mediator as a facilitator in the decision making of the patient and family at the end of life.

3. Methodological strategy

This section describes the methodology and technical design developed thus far, which is rooted in an approach of methodological pluralism, accompanied by triangulation of data and information, emphasizing the need for coherence between research methods and the object of study. Given the diversity of aspects we wanted to espouse, we have employed different social research strategies and techniques. Three types of methodological approach have been used to address the needs of palliate care professionals encountered during final journey of patients from different cultures,

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