



Review

Providing culturally appropriate care: A literature review

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ABSTRACT

Objectives: As part of a study that explored how midwives incorporate cultural sensitivity, into their practice, the literature was reviewed to ascertain how the concept of culture has been, defined and what recommendations have been made as to how to provide culturally appropriate care, to individuals from Indigenous and/or ethnic minority backgrounds.

Design: A systematic review of the literature was undertaken.

Data sources: Electronic databases including Medline, Cinahl, Socio-file and Expanded Academic Index, were accessed.

Review methods: Several key search terms were used for example, midwife, midwives, midwifery, nurse, nurses, nursing, culture or cultural, diversity, sensitivity, competency and empowerment. The, results relating to midwifery were few; therefore 'nursing' was included which increased the amount, of material. References that were deemed useful from bibliographies of relevant texts and journal, articles were included. The inclusion criteria were articles that provided information about culture, and/or the culturally appropriate care of individuals from Indigenous and/or ethnically, culturally and, linguistically diverse backgrounds.

Materials reviewed for this paper satisfied the inclusion criteria.

Results: There are two main approaches to culture; the first focuses on the cognitive aspects of culture, the 'values, beliefs and traditions' of a particular group, identified by language or location such as, 'Chinese women' or 'Arabic speaking women'. This approach views culture as static and unchanging, and fails to account for diversity within groups. The second approach incorporates culture within a wider, structural framework, focusing on social position to explain health status rather than on individual behaviours and beliefs. It includes perspectives on the impact of the colonial process on the ongoing relationships of Indigenous and non-Indigenous people and how this affects health and health care.

Conclusion: Most of the literature focuses on the cognitive aspects of culture and recommends learning about the culture of specific groups which is presumed to apply to everyone. This generic approach can, lead to stereotyping and a failure to identify the needs of the individual receiving care. The concept of, cultural safety derived from the second approach to culture and practice has potential but evidence to show how it is being incorporated into practice is lacking and health professionals appear to be unclear about its meaning.

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What is already known about the topic?

- Caring for individuals from diverse backgrounds is a daily reality for nurses and midwives, who are expected to provide care which is both clinically safe and culturally sensitive.

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- This is important for all recipients of care, but especially so for Indigenous peoples who have higher rates of adverse outcomes compared to non-Indigenous peoples and who may have experienced discrimination in health care settings.
- However, little is known about how the literature informs health professionals about culture, diversity and culturally appropriate care.

What this paper adds

- A review of the nursing and midwifery literature identified two approaches for defining culture and providing appropriate care.
- The first is a cognitive approach focusing on customs and traditions. A criticism is that this approach fails to take into account broader social, political and economic factors which affect health and access to health care. Stereotyping of individuals may result.
- The second approach is broader and focuses on the social position of individuals rather than behaviours and beliefs to explain health status. Derived from the work of postcolonial scholars, this approach has recently gained acceptance under the rubric of cultural safety.
- However there is limited evidence in the literature on how this approach has been, or may be, incorporated into practice and health professionals appear confused by its meaning.

1. Introduction

Most nurses and midwives routinely care for people from diverse ethnic and linguistic backgrounds (Burnard and Naiyapatana, 2004). Globalisation and migrations past and present have contributed to this diversity and some countries also have Indigenous populations with their own cultural identity. Professional bodies such as the International Council of Nurses (2007) and the International Confederation of Midwives (2005), as well as many professional bodies in individual countries, expect that nurses and midwives will provide culturally appropriate care. However it is not always clear how this may be achieved. To begin to answer this question, this paper reviews the nursing and midwifery literature in relation to culture and practice, focussing in particular on how culture has been defined and the implications of this for practice.

The paper argues that two distinct approaches to culture and nursing and midwifery practice may be discerned in the literature. One tends to focus on the cognitive aspects of culture, discussing 'traditions', 'values' and 'beliefs', assumed to be shared by all with the same cultural background. Those working in this perspective support learning about other (specific) cultural groups, in particular about their health beliefs and (apparently) traditional behaviours, which will sensitise the nurse or midwife and allow him/her to provide appropriate care to people from ethnically diverse backgrounds. Scholars also often refer to the need for nurses and midwives to be aware of their own culture (again, seen as values and beliefs) in

order to facilitate their understanding and acceptance of 'difference' (Duffy, 2001; Benkert et al., 2005).

There are a number of criticisms which may be made about this perspective and the assumptions that it makes. One is it assumes culture is static and unchanging but, even within the same culture, the experience of the individual changes over time and with it their practices, beliefs and views (Burnard and Naiyapatana, 2004). It also fails to take into account diversity within groups and between generations. This may lead to stereotypical images of particular groups, with the assumptions regarding their nursing and midwifery needs being made by care providers based on these stereotypical images. This approach has led to the development of generic care plans for people from particular cultural or ethnic backgrounds and the use of these care plans have been labelled as a 'cookbook' approach to care (Duffy, 2001).

The other perspective incorporates culture within a wider, structural framework, focusing on social position, education and socioeconomic status to explain health status rather than on individual behaviours and beliefs. Within this latter perspective is included a small group of postcolonial scholars who are interested in the impact of colonial processes on the ongoing relationships of Indigenous and non-Indigenous people and how this affects health and health care. This approach has been particularly evident in New Zealand (Ramsden, 2002) and Canada (Kirkham et al., 2002; Anderson et al., 2003) and is growing within Australia (Kruske et al., 2006). These countries all have Indigenous populations which continue to experience poorer health outcomes than their non-Indigenous counterparts, though the gap in health status indicators is most starkly seen in Australia (ABS & AIHW 2008).

The paper begins with a review of transcultural nursing, the oldest approach, followed by the other types of literature which aims to describe other ways of providing culturally appropriate care. The paper then discusses the influence that power has on providing appropriate cultural care. In particular the concept of cultural safety will be addressed.

2. Transcultural nursing

The growing interest in culture and health care can be directly related to the concept of transcultural nursing as first depicted by Leininger (1988) in the United States. However, although transcultural nursing has been endorsed by many in the nursing and midwifery profession, it has also been criticised. This criticism is based on the view that transcultural nursing provides a vehicle that allows individuals to be stereotyped and also fails to look at the effect of structural factors such as colonisation on individual behaviours (Bruni, 1988; Smye and Browne, 2002). None the less, transcultural nursing has been extremely influential and hence this paper begins with a discussion of Leininger's work.

Leininger states that in the 1950s she became aware that 'care is the essence of nursing and the central, dominant, and unifying feature of nursing' (Leininger, 1988, p. 152). She believed that people from a different cultural background to the care giver had different

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