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Review

Fostering a supportive moral climate for health care providers: Toward cultural safety and equity

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ABSTRACT

In Western forms of health care delivery around the globe, research tells us that nurses experience excessive workloads as they face increasingly complex needs in the populations they serve, professional conflicts, and alienation from leadership in health care bureaucracies. These problems are practical and ethical as well as cultural. Cultural conflicts can arise when health care providers and the populations they serve come from diverse economic, ethnic, and cultural backgrounds. The purpose in this paper is to draw from Almutairi's research with health care teams in Saudi Arabia to show the complexity of culturally and morally laden interactions between health care providers and patients and their families. Then, I will argue for interventions that promote social justice and cultural safety for nurses, other health care providers, and the individuals, families, and communities they serve. This will include addressing international implications for nursing practice, leadership, policy and research.

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Contents

Introduction

In health care settings, nurses play a central role in providing competent, responsive, and ethical care that maintains safety, equity, and quality for individuals and families as well as for their communities. In addition to nurses being advocates for their patients, effective nursing care is essential for, but not limited to, patient recovery, alleviation of patient suffering, helping patients cope with their chronic illness, and preventing further illness and injuries through health education. Although nursing care is an intellectually challenging process that requires skills and knowledge, it is provided within an increasingly complex context that is often full of ethical challenges and dilemmas. Therefore, effective and safe nursing care that meets the need of patients and their families can be provided within a positive moral climate that supports professional and ethical practices (Rodney, Doane, Storch, Varcoe, et al., 2006; Pauly, Varcoe, Storch, & Newton, 2009). Moral climate is defined as "the implicit and explicit values that drive health care delivery and shape the workplaces in which care is delivered" (Rodney et al., 2006, p. 24). Therefore, the moral climate

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of the organization can be either enabling of or detrimental to safe and better health care outcomes.

Much of the current research in the literature highlights a number of prevailing issues that pose challenges for nurses and increase their workloads, such as the increased acuity and complexity of the needs of patients, the shortage of registered nurses, the casualization of nursing jobs, intra- and interdisciplinary professional conflicts, the alienation from leadership in health care bureaucracies, and institutional autocratic decision making (Rodney et al., 2006; Pauly et al., 2009). These contextual problems are practical and ethical as well as cultural, which could possibly influence nurses' intentions to leave their profession and which, in turn, results in poor patient outcomes (Schluter, Winch, Holzhauser, & Henderson, 2008). However, in the literature little consideration was given to the link between cultural diversity and ethics during health care delivery. This paper aims to demonstrate theoretical links between these two areas and discuss Almutairi's model of critical cultural competence as a promising approach to foster a supportive moral climate for healthcare providers.

Cultural diversity

Today, cultural diversity exists in most health care settings and it usually occurs when the recipients of the care are members of ethnic minority groups—immigrants and indigenous people—or the nurses themselves are from different cultural backgrounds. The latter often occurs in many countries, such as Saudi Arabia (Almutairi & Rodney, 2013). Saudi Arabia, like many other countries, is experiencing a severe shortage of registered nurses and this shortage is related to social, cultural and economic factors (Almutairi, 2012; Almutairi, McCarthy, & Gardner, 2015). In order to ensure the continuity and quality of care, Saudi Arabia conducted an active recruitment process to attract qualified, English speaking nurses to work in various hospitals in that country. As a result, qualified foreign nurses represent 63% of the total number of nurses working in Saudi hospitals, comprising a multicultural workforce (Saudi Ministry of Health, 2009). The degree of dependence of foreign nurses varies from one country to another, based on the unique circumstances of each nation. However, cultural diversity, as Almutairi (2012) pointed out, complicates the clinical interaction and poses significant challenges and difficulties in a health care environment.

Drawing on Almutairi's research

Almutairi (2012) undertook a mixed-methods study that investigated the influence of cultural diversity of a culturally diverse nursing workforce on the quality and safety of patient care in Saudi Arabia. The nursing workforce in this study is a representative of more than 25 nationalities including, but not limited to, people from America, Canada, Australia, England, Finland, South Africa, India, Philippines, Malaysia, Lebanon, Jordan, Egypt, and Saudi Arabia. These nurses each had their own unique cultural heritage, belief system, explanations, fears and material circumstances that could have forced them to immigrate and work in a foreign country. It is possible that many of the nurses have family or financial obligations that forced them to relocate to and work in Saudi Arabia. Significantly, although this group of nurses is culturally diverse both within their nursing group and in relation to other health professional teams where they work, they provide care to Saudi patients who come from a culture that is different from their own. While the common mediating language in this context is English, that language was not the native tongue for many of the nurses, who had varying levels of proficiency which was also different from the primary language used by their patients (Arabic). In general, this study's findings reveal that cultural diversity can compromise the physical, psychological, emotional, spiritual and cultural safety of patients and nurses alike, due to the cultural conflicts and language barriers they face.

Almutairi's findings are very illuminating. It sheds light on the complex nature of cultural diversity during clinical encounters that were associated with many ethical concerns. For example, the qualitative interview component of his study with 24 nurses indicate that many of the nurses experienced culture shock on two levels, due to their naïve immersion into a new and unfamiliar culture, (specifically Saudi culture is unique) as well as their interactions with a collection of culturally diverse colleagues. Such cultural immersion without an adequate amount of pre-departure preparation resulted in the development of psychological problems for nurses, such as anxiety, insecurity, frustration, and the inability to adjust to a new workplace. These psychological issues related to cultural shock are also frequently reported in the literature (Brown & Holloway, 2008; Lin, 2006; McLeod, 2008; Pyvis & Chapman, 2005). Inadequate cultural preparation also left the nurses in Almutairi's study vulnerable with a confusion and uncertainty that possibly increased their stress regarding the acceptable and unacceptable cultural and ethical practices that were expected of them in their new context. Such uncertainty often adversely affected the nurses' clinical performance and the quality of their care. For example, the following interview excerpt (from Almutairi's study, 2012) indicates how this nurse was unsure as to whether her nursing care was conforming to Saudi cultural expectations and whether or not the care she was giving was safe for her patients, due to cultural dissonance.

> Nurse Research Participant 1: *Well, it's very hard for us nurses because … if you are new, you don't know really the things to be done for the patient because you don't know if it is [culturally or ethically] okay. If you are not aware of the background or the culture here … it's very difficult for us to give care for them.*

Another nurse shared her sentiments about her struggle to come to terms with the culture in her working environment and with the contradictory organizational and cultural rules and expectations she encountered, but that she could not understand. This engendered a feeling of culture shock in her:

> Nurse Research Participant 2: *'When I first came here, I had a cultural shock, because the visitors who come here they acting like they are in their homes not in the hospital. They do not respect the rules of the hospital, I try to tell them these are the rules of the hospital, I am not the one who made these rules. Sometimes they do complain because we told them the visiting time hours'.*

The nurses' psychological instability can definitely affect their clinical performance and expose them and their patients to safety risks. Significantly, these psychological problems can lead to physical outcomes, such as illness and exhaustion (Varner & Beamer, 2010).

The interviewed nurses explained how they are disempowered in this context due to cultural and linguistic barriers coupled with the low social image of nursing, which also provided a good climate for stereotyping and discrimination. For these nurses, disempowerment was demonstrated in their inability to advocate for their patients, challenge safety concerns, confront discrimination, and overcome feeling of intimidation by the indigenous dominant cultural group and by their workplace managers. While a feeling of disempowerment has a profound effect on a nurse's performance, and ultimately on health care outcomes, nurses in this study also seemed to be morally distressed as a result. The following excerpt from an interview with one of the nurses who

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