

Applying Cultural Competence to Perianesthesia Nursing

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The paper stresses the importance of cultural competence in perianesthesia nursing, both in terms of caring for the patient and in dealing with the patient's family. Cultural variations in gender, decision-making, family, communication, and time orientation are presented. A distinction is made between generalizations (potentially useful) and stereotypes (potentially harmful). Several suggestions for specific ways to provide more culturally appropriate care are presented, and resources for further study are provided.

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CULTURAL competence has become a hot new buzz phrase in health care. For many nurses already overwhelmed with high patient loads and mounds of paperwork, mandates that they become culturally competent as well may seem like an overwhelming burden. In reality, however, learning about culture can be both interesting and ease some of the burdens of caring for patients from different cultures. It can make the work environment more pleasant and efficient, given the increasing diversity of staff in US hospitals.

Even in the field of perianesthesia nursing, where patients are unconscious for much of the time, culture can play an important role. Cultural sensitivity—recognizing and understanding cultural differences without judging them—is often needed in encounters with patients' families. In terms of patient care, including the patient and the patient's family, relevant aspects of culture include variation in gender issues, decision making, family and visitors, communication, and time orientation.

Stereotype vs. Generalization

Before beginning a discussion of culture, however, it is essential to distinguish between a stereotype and a generalization. The difference between a stereotype and a generalization lies not in the content, but in the usage of the information.¹ An example is the assumption that Mexicans have large families. If Rosa Gonzales, a Mexican patient, is admitted to the

floor, and the admitting nurse warns the others to watch out for lots of visitors, she is stereotyping her. If, instead, she thinks "Mexicans often have large families," and then asks Mrs Gonzales how many people will be visiting, she is making a generalization.

A stereotype is an ending point. No attempt is made to learn whether the individual in question fits the statement. A generalization is a beginning point. Stereotyping patients can have negative results, whereas generalizations can help the healthcare providers avoid potential problems, as can be seen in the following case.

An Irish woman in her early sixties was hospitalized and scheduled for surgery at the end of the week. A generalization about the Irish is that they are typically stoic with regard to pain. Unfortunately, the patient's physician knew nothing about Irish culture, but stereotyped women as being very vocal with regard to pain. As a result, he did not take her complaints of pain as seriously as he should have. When he

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finally did operate, he discovered that the patient's condition had worsened to the point that she could not be saved and she died on the table.²

The patient's daughter-in-law, a nurse, firmly believed that had the physician not stereotyped her mother-in-law as a "loud woman," but rather verified with the family that the loud cries of pain were indeed unusual for this typical Irish woman and then moved up the surgery accordingly, he might have been able to save her. Although ultimately it may not have made a difference in the outcome, and complaints of pain should always be taken seriously, this is a case where an inaccurate stereotype might have contributed to a woman's death, whereas an accurate generalization might have saved her life.

One way to think of it is that culture exists separately from the people who are members of that group. It can be helpful to know what the cultural patterns are, but it is important to recognize that any specific individual will adhere to only some of these patterns. They may or may not be accurate when applied to specific individuals. This is why it is essential to observe and question patients to know whether they adhere to the patterns typical of their cultural group. Assuming they do is stereotyping.

Gender Issues

Gender equality has been a goal in this country since the Women's Movement in the early 1970s. However, in many countries, men are still considered the head of the family and responsible for making the major decisions.³ This can conflict directly with the American expectation that individuals, including women, will make decisions about their own health or feel empowered to do so for their children. This will be discussed further in the section on "Decision Making."

Modesty is a very important value in many Hispanic cultures, including Mexican Ameri-

cans.⁴ For a traditional woman, keeping her body covered is essential. Although most health-care professionals may be too busy to worry about something as seemingly inconsequential as modesty, for the patient it can make a huge difference.⁵ Issues of modesty are taken an additional step when it comes to Muslim women. Their religion requires strict sexual segregation, although according to Dhami and Sheikh,⁶ the rules may sometimes be relaxed for medical treatment. A nurse caring for an Arab-Muslim woman being prepped for a colonoscopy reported that it was very important to the patient that everyone involved in her care be female. Accommodating the patient required shifting the entire staff. The patient also requested that she be covered at all times, so they provided a towel for her head and additional draping. It required extra work to accommodate the patient's needs, but as a result, everything went far more smoothly than it might have.

In those instances when an all-female staff cannot be provided, it may be necessary to cover the patient from head to toe. When placing an epidural, if the anesthesia provider or physician is a man, the nurse can accommodate the patient by covering her head and body and literally taping open the space for the male health-care provider to work. Again, although this means extra work for the nurses and more difficult working conditions for the healthcare provider, it makes the experience much better for the patient.

Decision Making

In this dominant American culture, the individual is the primary unit. Core American values include independence and autonomy.² Although many Americans may consult with family members before making important health decisions for themselves, it is expected that they will be the final decision maker. Similarly, given the ideal (if not always the reality) of gender equality, it is assumed that a mother is as equally empowered as a father to sign consent for a child.⁷

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