

Cultural Congruence and Infusion Nursing Practice

ABSTRACT

The importance of cultural competence in every nursing practice setting in today's world cannot be understated. Unconscious bias can have detrimental effects on therapeutic relationships and health outcomes. Nursing models of cultural competence by Purnell, Leininger, and Campinha-Bacote are reviewed. The Kleinman Model and LEARN Model offer questions and guidelines to facilitate assessment of patients' understanding of illness and treatment. The *Infusion Nursing Standards of Practice* contains elements of diversity and cultural competence throughout. Self-reflection of one's own values, beliefs, biases, and practice as an infusion nurse will promote the development of cultural competence.

Key words: cultural competence, transcultural nursing, cultural awareness, diversity, infusion nursing, nursing practice and cultural competence, Kleinman Model, LEARN Model, Purnell Model, Leininger, Campinha-Bacote

DEMOGRAPHICS AND UNDERSTANDING CULTURE

The demographics of the United States continue to shift at a rapid pace. It is projected that by 2043 the United States will be a minority-majority nation,¹ meaning that

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there will no longer be 1 predominant racial group in the nation. This shift highlights the necessity for nurses to acquire additional knowledge and skills to help ensure that they are able to provide culturally congruent care.

The US Department of Health and Human Services Office of Minority Health defines culture as integrated patterns of human behavior that include language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.² Social groups include characteristics such as gender, age, sexual orientation, ability, and socioeconomic status. Linguistic minorities, another group to consider when thinking about culture, include people with limited English proficiency, low literacy skills, and hearing impairments.² Culture is not something a person is born into; rather, it is something a person learns over time. Culture helps us form human identity and provides the basis for what is considered normal behavior. It's important to recognize that culture is a lifelong learning experience that can continue to change over time.

Growing evidence supports a connection between understanding a patient's culture and his or her health outcomes.³⁻⁵ Culture defines healing, wellness, and death belief systems. Culture determines what type of treatment, if any, will be given; who should provide the treatment; and who can make decisions about the treatment. A caregiver's bias, stereotyping, and lack of cultural awareness and understanding contribute to a lack of patient trust and respect. A lack of trust and respect results in poor communication, lack of adherence, decreased patient satisfaction, poor outcomes, and health disparities.³⁻⁵ For health care professionals, understanding culture is an active, developmental learning process that requires a long-term commitment.

The following scenario involves a patient of Asian descent. The patient believes his illness is the result of an imbalance in his body. He believes that to get better he must restore the balance in his body and that nutrition is a significant factor in accomplishing this. For that reason, what he eats and drinks is important in regaining health and well-being. If caregivers do not take time to understand the patient's viewpoint, they might impose their own cultural values on the patient. An

example would be if a caregiver gave the patient a beverage the caregiver would expect, such as a pitcher of ice water, instead of giving the patient warm liquids to drink, as he desires in this scenario. This could result in a lack of trust and respect on the part of the patient because he feels the nurse is not honoring his beliefs about wellness and healing. The lack of trust and respect could result in increased anxiety and a cultural conflict experienced by the patient, which could result in further dissatisfaction, communication challenges, and difficulty achieving optimal health outcomes as anticipated.

TRANSCULTURAL NURSING THEORISTS

Purnell Model for Cultural Competence

Having a framework to guide culturally congruent care practices can be helpful. There are many transcultural nursing theorists who share different thoughts about elements of cultural competence. Larry Purnell, creator of the Purnell Model for Cultural Competence (Figure 1), has identified 12 domains of culture for practitioners to consider when assessing and caring for patients. The 12 domains are

1. Overview/heritage
2. Communication
3. Family roles and organization
4. Workforce issues
5. Biocultural ecology
6. High-risk behaviors
7. Nutrition
8. Pregnancy and childbearing practices
9. Death rituals
10. Spirituality
11. Health care practices
12. Health care practitioners⁶

This model is inclusive and encompasses many aspects of diversity in each of the domains. The interaction and impact that a person, family, community, and global society can have on any of the elements in the 12 domains are considered. Attention also is given to the level of cultural competence the health care provider possesses.

Theory of Cultural Care Diversity and Universality

Madeline Leininger,⁷ the founder of transcultural nursing, explored the concept of caring in her Theory of Cultural Care: Diversity and Universality. The theory focuses on the understanding of diversity (differences) and universalities (similarities) within and among cultures related to caring. Her theory asserts that a

patient's culture is fundamental in understanding the patient's perception of health and well-being and that care provided should fit the patient's culture. Not only should the care provided fit the culture, it also should be beneficial in helping achieve desired health outcomes.⁷ The nurse's role is vital in helping the patient achieve optimal health outcomes. Because of this, it is important to build trusting and therapeutic relationships, which are best fostered by having cultural awareness and knowledge.

There are 3 concepts nurses need to consider. Care may need to be tailored to help a patient achieve the desired outcomes. Leininger refers to the concepts of cultural care preservation or maintenance, cultural care accommodation or negotiation, and cultural care repatterning or restructuring.⁷ With regard to cultural care preservation or maintenance, the patient has cultural practices that do not negatively influence the patient's health. The nurse's role is to help the patient maintain his or her core cultural values and lifestyle related to their health concerns to achieve desired outcomes and a state of well-being. Cultural care accommodation should be applied when improved health outcomes are needed. Nursing activities should help patients from any culture adapt to or negotiate with the health care community to achieve better outcomes. Finally, the nurse's role in cultural care repatterning or restructuring is to provide patients with knowledge, allowing them to make informed decisions, while respecting their patients' cultural values. This helps patients change, and it modifies negative personal health behaviors with the goal of achieving beneficial outcomes.

Process of Cultural Competence in the Delivery of Healthcare Services Model

The Process of Cultural Competence in the Delivery of Healthcare Services model, developed by Josepha Campinha-Bacote, has 5 constructs: (1) cultural awareness, (2) cultural knowledge, (3) cultural skill, (4) cultural encounter, and (5) cultural desire.⁸

Cultural awareness focuses on our insights into our own culture, values, and beliefs and how they have an impact on our cultural health care beliefs.⁸ Self-awareness reduces the possibility of imposing our own cultural beliefs on patients. The opposite of self-awareness is ethnocentrism. This is a belief that one's own culture and view of the world are the standards by which others should be judged because they are superior and desirable.⁹ This viewpoint confuses bias with truth. Unaddressed ethnocentrism can compromise the nurse-patient relationship and lead to occurrences such as mistreatment, insufficient treatment, misdiagnoses, and health disparities.² We need to acknowledge the existence of racism and health care disparities as part of cultural awareness.⁸

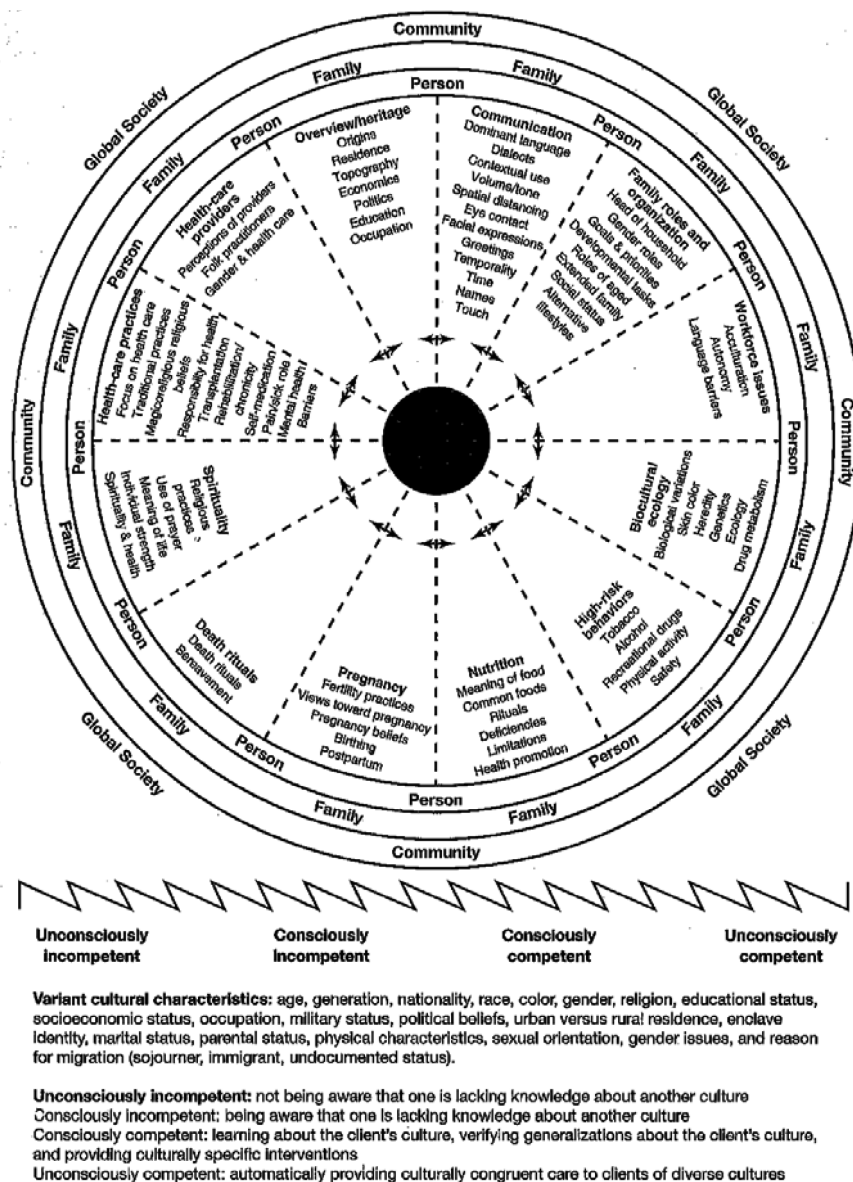


Figure 1 The Purnell Model for Cultural Competence. Printed with permission from LD Purnell.⁶

Cultural knowledge focuses on seeking information to obtain knowledge about linguistic minorities and religious, racial, ethnic, and other social groups. Once knowledge is obtained, the focus is then on incorporating that knowledge into practice. We must be mindful not to make assumptions based on the knowledge we garner, but to work with individual patients to incorporate relevant information into care practices. For an infusion nurse who is assessing a patient with darker pigmented skin for phlebitis, this means knowing that the appearance of phlebitis may present differently. Redness may not be visible, and it may cause hyperpigmentation in some patients or hypopigmentation in others. In this instance, it might be necessary to incorporate touch as well as visual assessment to determine what the problem is.

Cultural skill refers to the nurse's ability to collect accurate and meaningful data from the patient.⁸ The

development of a trusting and therapeutic relationship is grounded in cultural awareness and knowledge; it is needed to help ensure that the nurse is able to perform culturally specific physical assessments while obtaining accurate information. Infusion nurses must assess patients' feelings or beliefs about having a vascular access device in place. Before using heat or cold therapy, the nurse should determine if there is cultural meaning for the patient in the use of cold or heat in illness. Depending on the cultural meaning, the nurse may need to consider alternative techniques to assist in placing a catheter.

Cultural encounter refers to engaging in face-to-face interactions with patients who are not from your own culture.⁸ It provides opportunities for interaction, enabling one to gain cultural awareness and knowledge. Existing perceptions, assumptions, biases, or stereotypes may be challenged, resulting in a change in the

nurses' beliefs about the members of linguistic minorities, religious, racial, ethnic, or other social groups. The insight can be used to help educate others and prevent possible stereotyping.

Cultural desire is the willingness to learn from, be open to, accept, and be respectful of others.⁸ There is an intrinsic motivation to continue to become culturally aware, knowledgeable, and skillful, and to seek cultural encounters.

Bias, specifically unconscious bias, is a final concept to consider. Everyone has biases; being aware of our biases is significant. If a person often makes decisions in favor of 1 group to the detriment of other groups without realizing it, unconscious bias is present. Unconscious bias shapes a person's worldview and expectations of others, and may even be in conflict with the person's conscious beliefs. Unconscious bias can lead to negative racial stereotyping and discrimination,¹⁰ and in health care, it can lead to an inability to foster therapeutic relationships with patients because of a lack of trust, resulting in further health disparities.

MODELS TO ASSESS PATIENTS' UNDERSTANDING OF ILLNESS AND TREATMENT

Kleinman Model

The Kleinman Model is an explanatory model developed by a physician. It helps provide insight into how people make sense of their illnesses and associated experiences. This is achieved through the use of targeted questions. Kleinman and colleagues developed 8 targeted questions for assessment.¹¹ Care providers can use them to better understand a patient's point of view:

1. What do you think has caused your problems?
2. Why do you think it started when it did?
3. What do you think your sickness does to you?
4. How severe is your sickness? Will it have a long or short course?
5. What kind of treatment do you think you should receive?
6. What are the most important results you hope to receive from this treatment?
7. What are the chief problems your sickness has caused for you?
8. What do you fear most about your sickness?¹¹

In the following, Kleinman illustrates the importance and value of using such a model of questions to help caregivers understand patients' perceptions and cultural needs:

Eliciting the patient model gives the physician knowledge of the beliefs the patient holds about his illness, the personal and social meaning he attaches to his disorder, his expectations about what will happen to him and what the doctor will do, and his own therapeutic goals.

Comparison of patient model with the doctor's model enables the clinician to identify major discrepancies that may cause problems for clinical management. Such comparisons also help the clinician know which aspects of his explanatory model need clearer exposition to patients (and families), and what sort of patient education is most appropriate. And they clarify conflicts not related to different levels of knowledge but different values and interests. Part of the clinical process involves negotiations between these explanatory models, once they have been made explicit.^{11(p256)}

While Kleinman's example above refers to physicians, it illustrates concepts that are important in determining cultural needs and understanding patients' perceptions, which are applicable to the role of any health care provider.

LEARN Model

The LEARN Model is a set of guidelines that health care practitioners can use to help improve communication with diverse patient populations:

- **L** Listen with sympathy and understanding to the patient's perception of the problem.
- **E** Explain your perceptions of the problem.
- **A** Acknowledge and discuss the differences and similarities.
- **R** Recommend treatment.
- **N** Negotiate agreement.¹²

INFUSION NURSING STANDARDS OF PRACTICE

The *Infusion Nursing Standards of Practice* (the *Standards*) is robust and addresses all areas of infusion practice including nursing practice; patient care; documentation; infection prevention and safety compliance; infusion equipment; vascular access device selection and placement; access devices; site care and maintenance; infusion-related complications; other infusion-related procedures; nonvascular infusion devices; and infusion therapies.¹³

Elements of diversity and cultural competence are woven throughout the *Standards*. The importance of effective communication is stressed. The nursing practice area of competence and competence evaluation provides practice criteria that speak to application of knowledge, self-reflection, lifelong learning, and professional ethics, all of which are key concepts related to developing cultural competence.^{13(pS11)}

Additional elements of diversity are addressed in nursing practice areas for neonatal, pediatric, and older adult patient populations. Practice criteria include but are not limited to culture, age, developmental level, health literacy, communication methods, cognitive ability, and socioeconomic status.^{13(pS6-S7)} It's important for

infusion nurses to assess these elements routinely when caring for patients. Depending on the circumstances, you may tailor your care to meet the needs of the patient. For example, site and device selection likely will vary based on the cognitive and/or developmental level of a patient, as well as the patient's age, vein accessibility, duration of treatment, purpose and type of treatment, and previous infusion history. There may be age-related and biocultural ecological differences in skin to consider—such as color, turgor, temperature, moisture, and texture—which may affect decisions related to site or device selection.

Ethical considerations of nursing practice are also addressed in the *Standards*. It's important to ensure that care is unrestricted and not limited because of differences in beliefs or values. Standard 4.3 states that “the nurse shall act as a patient advocate; maintain patient confidentiality, safety, and security; and respect, promote, and preserve human autonomy, dignity, rights, and diversity.”^{13(pS8)} Cultural awareness, knowledge, skills, and desire are needed to achieve this.

One area of patient care is related to the plan of care, which emphasizes the importance of individualization based on a patient's needs.^{13(pS18)} Pertinent and accurate assessments are important and difficult to obtain if a trusting and therapeutic relationship based in cultural competence doesn't exist.

Another area of patient care relates to patient education. According to practice criteria, teaching methods should be based on age, developmental and cognitive levels, health literacy, and cultural influences.^{13(pS16)} The importance of using materials such as visual aids is noted as a tool to assist linguistic minorities. Cultural competence must be considered when it comes to education. How you educate the patient must be consistent with the patient's need for it to be effective and to ensure safe infusion therapy practices.

Providing culturally competent care does not mean you are an authority on the values and beliefs of all cultures or that you always accept a patient's or a family's beliefs. Culturally competent care means you hold a deep respect for cultural differences and understand the effects of the care provided to the individual and his or her culture. Culturally competent care is being willing to accept that there are many ways of viewing the world and that no one way is the correct way.

For infusion nurses and health care practitioners, self-awareness (cultural awareness) is the starting point in providing culturally congruent care. We must know our own behaviors, attitudes, biases, beliefs, and communication styles as they relate to our perceptions of

culture. The starting point is the ability to understand ourselves. Consciously engaging in different cultural encounters will promote the development of cultural knowledge, skills, and desire, and enable an enriched and necessary skill set that will foster the integration of new or different health interventions in practice.

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