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## Cultural perspective and palliative care

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Nursing care is not "cookie cutter" care, "one size does not fit all". Perhaps, nowhere is this more important than when a nurse provides palliative care. Palliative care is very individualized care, it is care that is comprehensive holistic nursing care that meets the patient's needs. Palliative care is "patient and family-centered care that optimizes quality of life by anticipating, preventing and treating suffering" (www. nhpco.org/palliative-care-4). Meeting a patient's individual needs can sometimes be a challenging task, but meeting a patient's palliative care needs in the context of cultural diversity can be even more of a challenge for those unaccustomed to doing so. Research has shown that cultural knowledge and awareness in nursing is extremely important and the lack of it may cause deficits in practice as a result and nurses may have ethnocentric and stereotyped attitudes toward patients [1]. Globalization, a term, first used by economists in 1981 refers to the development of increasingly integrated global economy, especially in trade, free flow of capital and cheaper labor market. In nursing the globalization process has generated a need for cultural awareness and cultural competencies as nurses care for multicultural patients in practice.

Madeline Leininger is considered the founder of the theory of transcultural nursing or the culture of care theory. Culture is learned by each generation through both formal and informal life experiences [2]. It is particularly important that nurses develop a cultural awareness toward the patients they care for. Patients do not exist in a vacuum, they exist in a very complex social system that is made up of many cultural components. These cultural components influence many aspects of our lives, the languages we speak, the foods we eat, the customs we practice, our faith belief traditions, family values, recreational activities, music, art to name a few. Also embedded in this cultural matrix is how a person views and reacts to illness, which can exist in a very complex cultural belief system. This cultural influence can be very strong for some patients and it is important for nurses to recognize it and use this knowledge provide holistic care.

Examining other cultures provides different "lens" of how we as individuals view experiences, in particular how we react to illness. In the case of patients with chronic illnesses requiring palliative care, a patient's behavior is shaped a number of factors among which is the culture they identify with. Illness and death has different meanings for people of different cultures and often these are interwoven in the individual's faith belief traditions. The type of care a patient may be willing to receive and partake in is often dictated by strong cultural and faith beliefs traditions that may not seem to be easily understood by those outside of the culture. Action or inaction on the part of the patient in wanting to know their diagnosis, accepting their diagnosis, seeking care or refusing care are intertwined in this complex matrix of a patient's culture. At times culture may exert a subtle influence, but often it has a much stronger effect. Other specific cultural issues may include the appropriateness of openly discussing a disease or

discussing death, the meaning and expression of pain, attitudes toward suffering, and the role of family members, healthcare providers and caregivers in serious illness [3]. Challenges may also exist from cultural differences and beliefs between the patient's culture and traditional medical practices. Due to the often somewhat long nature of providing palliative care, community and cultural relationships may serve as a great comfort for both patients and family. "Only through knowing the cultural background can clinicians make sense of a patient's explanatory models about illness, expectations about care, hopes for the future, and views regarding death" [3].

Cultural awareness requires that nurses be mindful of how culture shapes patients' values, beliefs and world views, in essence everything in their lives. Nurses then need to acknowledge these differences exist and respect these differences. Perhaps the most important way is by engaging the patient and family members in meaningful conversation to explore what these views are and how they as the nurse can use this knowledge to create and provide nursing care that is meaningful to that particular patient and their family. Showing respect of these differences is crucial to providing holistic palliative care - care of the mind, body and spirit. Creating an environment that fosters open communication in a respecting, trusting atmosphere is crucial to understanding and providing culturally based nursing care. As a patient journeys through their illness their cultural identity and all that it entails may become more and more important to them, their beliefs and traditions may bring them comfort and strength as their illnesses progress. "It is important to integrate culture-based preferences for palliative care modalities. These include symptom management (e.g. pain, shortness of breath, anxiety, and nausea), social and spiritual support for both the patient and the family, and a team-based approach to delivery that includes realistic goals of care for a particular prognosis" [4]. In addition, nurses need to recognize how their own cultural values, beliefs, biases and practices may influence their perceptions of patients and families [5]. Fostering an appreciation and respect for one's differences is crucial to providing unbiased care within a cultural context that meets the patient's palliative care needs.

As our communities become more and more culturally diverse, we as nurses are challenged to provide individualized culturally based holistic nursing care for patients. Having a cultural awareness of a patient's cultural beliefs, practices, or preferences enables nurses to provide better comprehensive holistic compassionate palliative care for patients.

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## References

- Takeno Y (2010) Facilitating the transition of Asian nurses to work in Australia. J Nurs Manag 18(2): 215-224. [Crossref]
- Leininger M, Mcfarland M (1991) Culture Care Diversity and Universality. Jones & Bartlett, NJ.
- Crawley L, Marshall P, Lo B, Koenig B, End-of-Life Care Consensus Panel (2002) Strategies for culturally effective end-of-life care. Ann Intern Med 136: 673-679. [Crossref]
- Boucher N (2016) Direct engagement with communities and inter-professional learning to factor culture into end-of-life health care delivery. Am J Public Health 106: 996-1001. [Crossref]
- National Consensus Project for Quality Palliative Care (2013). Clinical practice guidelines for quality palliative care, 3<sup>rd</sup> edition. Pittsburgh, PA.

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