Cultural multiplicity in the professional life -article review

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CONTENTS

1 INTRODUCTION ............................................................................................................................ 3
2 CONTEXT ........................................................................................................................................ 3
3 ARTICLE REVIEW ......................................................................................................................... 4
4 DISCUSSION ................................................................................................................................... 6
REFERENCES..................................................................................................................................... 8
1 INTRODUCTION

I’m a student at the University of Eastern Finland, health sciences. My main subject is nursing science and secondary subject is education science. After graduating I’ll be able to work as a nursing teacher. That is the reason why I choose to conduct this article review from the education point of view. At this review I’ll discus topics like what is multicultural education and what we mean when we are talking about cultural competencies for nursing. The main article is ”Cultural Competencies for Graduate nursing Education” (2011) written by Clark, Cavillo, Cruz, Fongwa, Kools, Lowe and Mastell-Smith. Based on this study and few other articles I’ll be discussing things that I believe I’m going to face in my future work.

2 CONTEXT

Finland has been, until recently, a society with only small linguistic and ethnic minorities. Therefore, culture is a new and largely obscure component in Finnish nurse education. (Koskinen & Tossavainen, 2004.) Developing a greater understanding of cultural issues in nursing and health care education is imperative due to increasing diversity and mobility. The likelihood of caring for people from other cultures is highly probable for all nurses and also working outside national boundaries, particularly within the EU, a possibility based on the movement of labour. (Wimpenny, Gault, MacLennan, Boast-Bowen & Shepherd, 2005).

Wimpenny with his colleges (2005) found four key themes of development becoming cultural competent person. The themes were: Personal Values and Culture (“…always readjusting and sifting and sorting personal and professional perspectives”), Engagement and Culture (“The activity of listening was tiring, we failed to listen what was being said and instead were concerned with how it was being said.”), Personality and Culture (“The ease of shifting between groups seemed to depend on the person, rather than their nationality”) and Physicality and Culture (“bringing your own culture with you”). Discussion of these findings raised issues of language and language skill, communication and listening skills, stereotyping, personal awareness, cultural awareness, sensitivity and competence. Researchers considered that learning about other cultures should not be passive process and it should be active rather than academic.
Few studies suggest that becoming intercultural competent person it is essential to be in another culture or country and learn about cultures in the real situations. You must understand your own culture and recognize the fact that your observation is always based and reflected by your own cultural background. (Koskinen et al, 2004; Wimpenny et al, 2005.)

Other studies relating student-teacher interaction (Burnard, 2005; Cox et al. 2010; Haussler et al. 2003) brought up some differences relating teaching and learning. Some cultures value very open and interactive lessons, e.g. USA, and some culture have more restricted behavior habits, e.g. Thai and Japanese cultures. This kind of knowledge is applicable when we teach students from different countries and also, when we are visiting these other countries perhaps as a student or as a teacher.

Because we are living in a multicultural society, we should try to gain some understanding what is needed to be able to live, nurse and educate different kind of people. It is essential to gain understanding of differences and take into account diverse cultures, because that is the only way to get working interaction between different groups (ETENE, 2005, 22). Finnish Ministry of Education has named ten core competences for graduate nurses and multicultural nursing is one of them (Opetusministeriö, 2006, 63) and also in the education and research development strategy multiculturalism has named one of the challenges and opportunities for the future. (Opetusministeriö, 2007, 5-8, 34-36).

3 ARTICLE REVIEW

Article ”Cultural Competencies for Graduate nursing Education” (Clark et al. 2011) discusses from the reality that world has changed and that we are living now in multicultural societies. This article is from USA so writers bring up issues from their point of view. Because we live with different people from different backgrounds it is important to notice that it inevitable affects also the faculty of nursing care. To meet the health care needs of diverse populations, nursing is challenged to both increase the diversity of its workforce and also prepare culturally competent nurses at the baccalaureate and graduate levels. Article discuss how we should develop our nursing education so we can get competent workforce. The aim of Clark et al (2011) article is to report on the
development of the American Association of Colleges of Nursing (AACN) cultural competencies and toolkit for master’s and doctoral nursing education.

The rationale for proposing the integration of cultural competence in graduate nursing education is to support the development of a safe, skillful, patient-centered care that identifies, respects and addresses differences in patients’ values, preferences and expressed needs. Advocates for cultural competency content and learning strategies in nursing curricula have made impressive efforts throughout the years to establish cultural competency as a basic foundation of nursing education. Cultural competences is defined for our purposes as the attitudes, knowledge, and skills necessary for providing quality care to diverse populations. (Clark et al, 2011.)

Becoming culturally competent at the graduate level involves an ongoing process by which students develop an appreciation of the relevance of diversity along a continuum until diversity and human variation are accepted as norms. Taking cultural competence to a higher level for graduate nursing students incorporates cultural humility and reflexivity. When these perspectives undergird cultural competency, graduate students engage in critical thinking thoughtful reflection, transforming their contributions to advanced nursing practice, research, education, and policy. (Clark et al, 2011.)

Problem with a prevailing cultural competence model is that it portrays a specific culture as a set of traits. This easily leads to misinterpretation, stereotyping, and providing caring treatment based on the implied homogeneity within a group. For this initiative, the advisory group used cultural humility as the perspective from which to formulate the competencies. Cultural humility is the next generation of cultural competence principles for health care. (Clark et al, 2011.)

From a cultural humility perspective, the most serious barrier to culturally appropriate care is not a lack of knowledge of the details of any given cultural orientation but the providers’ failure to develop self-awareness and a respectful attitude toward diverse points of view. Parallel to the development of clinical competence in nursing judgment and practice, it is an expectation that nurses who continue on the trajectory of cultural competence become increasingly intuitive, flexible, and deeply attuned to diverse individuals and their families over time and experience. (Clark et al, 2011.)

The AACN advisory group formulated six core cultural competences: 1. Prioritize the social and cultural factors that affect health in designing and delivering care across multiple context, 2.
Construct socially and empirically derived cultural knowledge of people and populations to guide practice and research, 3. Assume leadership in developing, implementing, and evaluating culturally competent nursing and other health care services, 4. Transform health care systems to address social justice and health disparities, 5. Provide leadership to educators and members of the health care or research team in learning, applying, and evaluating continuous cultural competence development, 6. Conduct culturally competent scholarship that can be utilized in practice.

The toolkit for establishing a Culturally Competent Master’s and Doctorally Prepared Nursing Workforce provides resources to assist faculty preparing graduate students for practice, education, and research. Topics for the Toolkit for Cultural Competence are 1. Models and theories for cultural competency (nursing models, standards and concepts in nursing, models+theories+standards and terminologies from other disciplines, cultural humility, theories of culture, clinical mnemonics from other disciplines, references for concepts+models and theories for cultural competency), 2. Cross-cultural communication (health literacy and limited English proficiency, Cross-cultural communication in health care), 3. Development and implementation of culturally competent education (resources for faculty self-development, curricular resources), 4. Culturally competent research (centers for culturally competent research, ethics in research, evidence based practice), 5. Additional topics, references and resources (health disparities and diversity, health promotion, racial issues).

4 DISCUSSION

I believe that this article has very similar ideological philosophy towards multiculturalism as I wrote in learning task 3 about my own. This is very typical for our science which emphasizes human rights and equality and it doesn’t often speak out the problems that might be related to these issues. It is just excepted fact and based our ethical (and laws) commitment we tend to think only how we can do our job the best way for everyone. We don’t ask why we should do what/how we do, or think that someone isn’t entitled to have the best care we know. These are basic ideas of nursing, so we based our view on human rights. (Multiculturalism, 2010.)
Article "Cultural Competencies for Graduate nursing Education" (Clark et al. 2011) was very helpful when I’m thinking my future work. It clarified some basic issues about “cultural competences” and one very concrete help is that the online version of the toolkit can be found from the internet (http://www.aacn.nchc.edu/Education/cultural.htm.) Each major topic has subtopics that contain references and resources categorized under the headings: books, manuscripts, reports, journal articles, Internet Web sites, and multimedia.

In my future work as a nursing teacher it is very important to know some specific facts relating main differences and similarities between my own culture (Finland) and other cultures. Or maybe it would be better to say that I must understand that there are different ways of doing and thinking about many things. Nowadays students and collages come from different areas of the globe and culturally sensitive nursing is also extremely important subject to teach at schools. I need to have knowledge how people behave and act in different cultures and what is their attitude towards illness and how they are used to deal with disease. For example pain is complex concept and it is handled very differently in different cultures. Managing with pain and how to nurse people in pain is depended on culture. Pain assessment, nursing and pain reliefment is based on communication, so its is important to have knowledge about these differences.

I must teach the students to understand that nursing is very personal work and when you are at work you will meet very different people. We have situations where we have to touch people very privately and talk about personal things which can be embarrassing for many. I need knowledge of culturally sensitive nursing so I can teach it. Students should understand that their own culture is just one of the many different cultures and that there isn’t right or wrong culture. In nursing understanding differences and similarities is important.

I find it very important to understand the reality of multicultural society. That it really exists and it effects on me and my future work. Based on this task I have started to think more widely about these differences and similarities between cultures and that (thinking) is the most important thing I’ve learned.
REFERENCES


