

# The role of the professional nurse essay



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There are many issues which need to be considered when caring for older people who are of a cultural and linguistic diverse background. This essay will focus on these issues in conjunction with engaging, assessing and caring for an older person who is of a cultural and linguistic diverse background.

Transcultural nursing refers to “ being aware of the patients cultural health beliefs and values and incorporating these into the agreed care plan with the patients. ” (Nurse dictionary). As part of the Australian Nursing and Midwifery Council code of conduct, all nurses need to be culturally respected of all patients especially those of non speaking English backgrounds or culturally linguistic diverse backgrounds.

“ This code of professional conduct for nurses sets the minimum standards for practice a professional person is expected to uphold both within and outside of professional domains in order to ensure the good standing of the nursing profession. ” (ANMC conducts) Furthermore. “ Nurses respect the dignity, culture and ethnicity, values and beliefs of people receiving care and treatment, and of their colleagues. (ANMC conducts) In accordance to cultural and linguistic diverse backgrounds, these minority can be defined as; “ a term used to describe people whose culture and language is different from that of English speaking, anglo celtic Australians; formerly known as non English speaking background (NESB).

” (Health in Australia pg. 335). Therefore as nurses, when keeping with the Australian Nursing Midwifery councils code of conducts it is mandatory that we respect the cultural needs of all patients to maintain our professionalism and professional conduct. As Australia moves towards a more multicultural

centered society, adequate training must be provided for nurses to suit the needs of older people who are culturally and linguistically diverse backgrounds.

(Pinikahana, 2002) defines multiculturalism as “ to describe the existence of a range of different cultures in one country; emphasizing the fact that everyone has the right to maintain their own cultural identity within a multicultural society. Pinikahana, 2002 also emphasizes the point made earlier about knowledge of multiculturalism and how it is developed throughout Australia, “ nursing is essentially a transcultural phenomenon and that knowledge about patient’s cultural values, beliefs and practices are integral to providing holistic nursing care. ” Nurses should use this knowledge gained when engaging, assessing and planning for the health care needs of older people from cultural and linguistically diverse backgrounds. Some of the issues at hand when dealing with elderly people who are of a cultural and linguistically diverse background include; cultural competence, lack of knowledge of multiculturalism, respect for cultures, poor communication to NESB patients, lack of resources and poor education given to nursing staff on the diverse range of cultures. The Australian Bureau of Statistics, 2006 comments on the diversity of cultures within Australia.

This gives nurses a clear indication of the impact of multiculturalism and why nurses need this education and knowledge to improve their nursing care towards older people from a CALD background. Although English is the chosen language, there are now over 200 different languages being spoken in the community. There are also 60 different languages spoken by the Aboriginal and Torres Strait Islander Australians. This can be very difficult for nurses and other health care professionals to establish a positive

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communication bond when engaging, assessing and planning for the health care needs of an older person of a CALD background.

The 2006 census states that in August 2006, 3.1 million people being 16% of the population spoke a language different to English at home. In the Northern Territory 54% of Indigenous people spoke an Indigenous language at home. This can also be a major factor and issue for community nurses who aren't culturally aware as these minorities may feel they are being discriminated against if the nurse is not culturally competent enough to care for the patient. The six most commonly spoken languages in 2006 apart from English were Italian, Greek, Arabic, Cantonese, Mandarin and Vietnamese with these languages contributing to 7% of the total population. Evidence also shows that speakers of these languages are more than likely to attend a General Practitioner of the same cultural language and therefore lack the efficient resources that the Australian health care system has to offer.

(Germov, 2005, pg. 159) emphasizes this; " research shows that people from non-english-speaking backgrounds are less likely to go to hospital, visit dentists, live in nursing homes, make use of community-based services, and use preventative services (immunizations, pap smears and breast screening. " This leaves the Australian health care system with a massive hole when trying to provide adequate health care for all older patients. Furthermore English proficiency among people who spoke a language other than English at home was dependent on the age of the speaker. On average 60% of English was spoken well for those aged 65 years and over.

Firstly one of the more important issues when dealing with cultural competence and the ability to care for an elderly person from a cultural and linguistic background are the nurse's lack of education and knowledge on multiculturalism and the topic as a whole. Pinkahana, 2002) emphasizes this; " lack of knowledge about ethnic minority groups and ethnocentric perspectives of nurses are reasons cited for the inability to meet the needs of ethnic minority groups. " Education and knowledge on the different types of cultures and their needs is most important to deliver cultural care and competence for older people. " Transcultural healthcare practitioners need to develop both cultural specific and generic-cultural competence.

(Narayanasamy, 2003) This can only be achieved by; " development of knowledge and skills related to a particular ethnic group as well as insights into the beliefs and values that operate within clients' culture. "

(Narayanasamy, 2003). There are numerous ways in which nurses are able to gain knowledge of cultures if they haven't been taught. These including taking courses and education seminars to improve their knowledge or simply working with a patient and understanding their needs to achieve cultural competence. The knowledge needed for ethical care is constructed when professionals and clients strive together to understand the meaning of disease within the client's context. " (Forchuk, 2001) This simple task will prove to be highly effective when maintaining and achieving cultural competence.

If nurses aren't educated and culturally aware they risk the demonizing effect of being unprofessional and ill competent. " When we fail to gain this type of cultural understanding, our attempts at helping indigenous people or those of any culture are doomed to failure. " (Mcmurray, pg. 295). Being

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educated and possessing knowledge of cultural awareness especially those dealing with older patients as they seem to be of a higher percentage of non English speaking background will improve the nurse's ability to effectively engage, assess and plan the health care needs of an older person from a cultural and linguistic diverse background.

Communication issues and barriers are of the biggest concerns when dealing with transcultural nursing of the elderly patient. Health workers have often identified communication barriers as the leading cause of unfit nursing care to the elderly population. Communication covers all aspects of our thoughts, feelings, understanding, interpreting and responding to our environment. " If patients and nurses are unable to communicate with each other, this will lead to holes in the transcultural nursing system.

Resources should be provided to those who require it. A problem based around communication barriers between the nurse and the patient is ethno-centrism, " One's own culture and understanding of life and its intricacies are the best and most adequate compared to other cultures. Nurses must be aware of ethno-centrism and move towards a more culturally diverse way of thinking to improve their overall nursing care elderly people who are of CALD background. Clear communication between clients and the health care workers is crucial in the delivery of quality health care.

Resources available to NESB patients include interpreters. Perhaps the most useful resource for a nurse delivering health care to an elderly patient with a CALD background. The interpreter should have good knowledge of the medical field to establish a positive connection between the health care

workers and the patient. " Interpreters are necessary in order to make appropriate diagnoses and to comply with treatment regimes. For this to occur, however, it is necessary to employ professionally trained interpreters who have a good grasp of medical technology.

" (Germov, pg. 160). If an interpreter is not available, there are methods in which a nurse can still communicate with their patients. Dawes, 1986) explains by, " a good method is to paraphrase, that is to repeat in your own words what you think the other person just said. " This takes good listening and being able to comprehend words effectively, doing so will improve a nurse's ability to assess a patient thoroughly and effectively.

In a study published by (Cass, 2002) they reviewed communication barriers and effectiveness between elderly Aboriginal patients and health care workers. The results showed " communication was seriously limited and quality of care compromised. (Cass, 2002). Other findings included; Lack of control by the patient, differing modes of discourse, dominance of the biomedical model, lack of shared knowledge and understanding, cultural and linguistic distance, lack off staff training in cross-cultural communication & limited use of interpreters. (Cass, 2002). All the issues and examples listed above are all examples of how communication barriers can limit a nurse's ability to effectively engage, assess and plan the health care needs of an elderly person who is of a CALD background.

Cultural awareness is another key issue nurses need to utilize when dealing with elderly people to improve their competence and professional practice. Cultural awareness can be defined as; " recognizing the fact that only health

care relationship is unique, power laden and culturally dyadic. ” (Mcmurray, pg. 294). In order to be culturally aware nurses must have an open mind onto there own cultures and beliefs and take into consideration that other people with cultures have different approaches in avitivities that they do.

personal self-reflection and self-critique are required to explain how different life experiences influence interactions with patients. ” (Jenko, 2006). Being culturally aware is unique in a sense that we first need to identify our own cultural awareness before dealing with others. Nurses need to utilize tachings and models of care and attend cultural awareness programs to increase there knowledge of culture and improve their paitent outcomes especially when dealing with the older minority.

Thomson, 2005 stresses this point about reflecting on your own culture to improve your overall cultural awareness. Promote self-reflection about the participatint’s own culture, biases, and tendency to stereotype. In doing so it is expected that participants will gain a better appreciation of the diversity of values, beliefs and behaviours. ” Being culturally aware of ones own cultures and beliefs will help with the care of elderly patients when trying to engage, assess and plan for positive outcomes.

Following cultural awareness nurses develop cultural sensitivity. Cultural sensitivity is known as, “ knowing that cultural differences as well as similarities exist, without assignin values, i. . , better or worse, right or wrong, to those cultural differences. ” (website).

Cultural sensitivity can be used by nurses to direct patients into a better lifestyle but still maintain the ethics of ones culture. “ Cultural sensitivity also <https://assignbuster.com/the-role-of-the-profesional-nurse-essay/>



plays a large role in helping people determine directions and strategies for change. " Nurses can use both cultural sensitivity and awareness in conjunction with their knowledge to change the perspectives of elderly patients thoughts to better there health outcomes. In order to receive the best possible healthcare nurses must be described as culturally competent when nursing elderly people who are of CALD backgrounds. Cultural competence is defined as; " nurses depict cultural competence as having the ability to understand cultural differences in order to provide quality care to a diversity of people. " (Lorentz, 2008) In order to achieve cultural competence, nurses must excel in communication needs and meeting the needs of cultural habits among older patients.

Nurses should also be sensitive to the issues related to culture, race, ethnicity, gender and sexual orientation. When dealing with following culturally competent act or guide, the code needs to reflect on human right specifics such as consent and privacy. " The importance of competency which addresses cultural matters in professional practice should be self-evident-informed consent, advice in the sensitive care as an end model. " (Carberry, 1998). Having cultural competence will improve the overall health outcomes of older people. " We know that when services are delivered in manner that is respectful, and address individual cultural preferences and needs, such services are received and utilized in a more effective manner.

(Bui, 2007). Developing culturally competent organizations can also help nurses in developing their culturally competent skills. These organization can intervent when nurses are finding it difficult to care for an older person of a CALD background, the organization should include these elements; (Bui,

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2007) •The organization has to be able to value diversity •Being able to conduct cultural self-assessment •Being able to manage the dynamics of difference •Being able to instituitionalise cultural knowledge.