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Research Article

TRANSCULTURAL NURSING FOR PRACTICE: DEVELOPING A CULTURAL SENSITIVITY SCREENING TOOL

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ABSTRACT

Introduction: Transcultural care has focused on understanding cultures and their specific care needs and how to provide individualized care tailored to their needs and lifestyle. Positive transcultural communication leads to establishment of trust, resulting in an increased satisfaction of care, higher quality interactions and adherence to treatment.

The project "Transcultural Nursing for Practice" (TNP)(ERASMUS+ Project: 2017-1-CZ01-KA202-035512) aims to collect and display coherent, comprehensive and easily accessible information concerning individual cultures and their expectations from healthcare services to facilitate the organization and planning of care for culturally diverse patients.

Methodology: As a first step, we conducted a systematic review of the literature to identify key areas of transcultural care competences as identified by the ICN. At the next step, a set of guiding questions were developed by consensus of the task leaders (MP and GL) and a Delphi approach using a three round process was initiated. This led to the eventual formation and validation of a Transcultural Healthcare Screening Questionnaire based on a 5-point graded Likert scale.

Results: The questions finally included in the questionnaire have achieved a minimum 80% consensus during the final Delphi round. Results showed unanimous consent concerning: 1) the need for patient rights protection (including end of life issues) at both local and national level, 2) the expectation of societal responsiveness to the needs of different groups, 3) the role of time and staff limitations and poor communication as contributors to low patient satisfaction and 4) the significance of healthcare working conditions for both providers' and patients' wellbeing.

Conclusions: Cultural diversity and transcultural care should be included in the core training curriculum of health professionals. National Health Systems should use tools such as the Transcultural Healthcare Screening Questionnaire to establish and develop quality standards of transcultural awareness in healthcare.

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INTRODUCTION

In multi-ethnic societies, providing effective healthcare is challenged by various aspects of cultural diversity, such as epidemiological health differences between populations, communication barriers and differences in religion, socio-economic status and ethnic background (Asgary, 2013). During the past decade, various studies have demonstrated that the increase in cultural diversity in many patient populations presents specific challenges to healthcare providers (de Bruijne, *et al.*, 2013). For instance, ethnic minority patients in developed countries, visit the physician more often, have longer visits and are less satisfied with the physician patient contact (Park, *et al.*, 2005; de Bruijne, *et al.*, 2013). In addition, language barriers have been shown to diminish healthcare

outcomes, and some ethnic groups have prolonged hospital stays and more unplanned readmissions (de Bruijne, *et al.*, 2013).

To provide good quality of care, physicians need to be able to acknowledge, recognize and deal with these challenges. Therefore, cultural diversity should be addressed in medical training (Asgary, 2013). In multi-ethnic countries, cultural diversity is considered an essential topic in society (Betancourt, 2006; Ventres, 2013; Frenk, *et al.*, 2010), which needs to get attention in medical training to prepare students for their work as physicians (Frenk, *et al.*, 2010).

Transcultural Health and Nursing is the study and research of cultural diversities and similarities in health and illness as well as their underpinning societal and organizational structures, in

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order to understand current practice and to contribute to its future development in a culturally responsive way. Transcultural nursing requires a commitment for the promotion of anti-oppressive, anti-discriminatory practices. Transcultural health and nursing emphasizes the importance of empowering clients to participate in health care decisions, therefore it is imperative that health care professionals must recognize how society constructs and perpetuates disadvantage (Papadopoulos, et al., 1998).

Transcultural nursing is an essential area of study and practice focused on the cultural care beliefs, values, and lifestyles of people to help them maintain and/or regain their health, or to face death in meaningful ways (Leininger, 1999). Transcultural nursing is how professional nursing interacts with the concept of culture. Based in anthropology and nursing, it is supported by nursing theory, research, and practice. It is a specific cognitive specialty in nursing that focuses on global cultures and comparative cultural caring, health, and nursing phenomena. It was established in 1955 as a formal area of inquiry and practice. It is a body of knowledge that assists in providing culturally appropriate nursing care (Murphy and Sharon, 2006).

The European health care systems are still struggling to address some of the specific challenges presented by recent legal and illegal immigration from Brazil, Central and Eastern Europe, China, Asians as well as more traditional immigration from Africa (Caldas-de-Almeida, et al., 2009). These populations have linguistic, cultural and socio- demographic specificities, which are very different from the general European population. This makes them a paradigmatic case in potential transcultural nursing studies. For transcultural nursing, which integrated or systematized the contributions of Anthropology, studies on health problems in migrant populations and minority ethnic groups, the analysis of cultural variations in the subjective experience of illness or the issue of cultural sensitivity of nursing care is particularly significant (Monteiro, 2005).

Nowadays, the labour market is extremely competitive and mobile due to open borders and closer cooperation between the old and new EU member countries. One of the professions that are especially subject to these trends is nursing (Vasiliou, et al., 2016). The global migration of both nurses and population, in general, has heightened the need to educate nurses to deliver culturally competent care. These needs served as the primary reason for our project.

The aim of the project "Transcultural Nursing for Practice (TNP) (ERASMUS+ Project: 2017-1-CZ01-KA202-035512) is developing coherent, comprehensive and easily accessible information, which deals with the specifics of individual cultures focused primarily on treating patients of different cultures in health care facilities, i.e multicultural nursing.

Project target groups are medical students, teachers and health professionals. The aim of this program is the creation of a database which is highly relevant with the increase of population migration and the blending of cultures in Europe, in order to reinforce the health workers during the exercise of their profession. This paper proposes a new screening questionnaire to detect the degree of cultural awareness in the healthcare workforce and allow remedial action, if indicated, proactively.

MATERIALS AND METHODS

This section summarizes the process that was followed in the TNP project in order to create the screening questionnaire for transcultural awareness and test it across the participating six countries in this Erasmus Program (Cyprus, Czech Republic, Denmark, Israel, Spain, Turkey). Cyprus was the coordinator partner for this output.

As a first step, we conducted a systematic review of the literature to identify key areas of transcultural care and relevant competences as identified by the ICN and relevant project (ICN, 2005:2, Irena Papadopoulos, 2006). This process revealed a number of key topics and terms that were used to prioritize areas of cultural awareness for inclusion in the screening questionnaire.

Following completion of the review process, a set of guiding questions (see Appendix 1: Guiding Questions) were developed by consensus of the task leaders (MP and GL) and a Delphi approach using a three round process was initiated. During the first round, we disseminated the guiding questions to partners in all six participating member states that had to create a focus group of health professionals (educators and clinicians) within each consortium to respond to initial open questions within fifteen days. The demographic characteristics of the participants are presented in Table 1. Following receipt of all six responses the task leaders (MP, GL) collected all statements and after removal of duplicates, created a final table (see Appendix 2: Statements). During round 2 of the Delphi process, the table was sent back them to the member states to evaluate the degree of their consent towards each statement using a 5 grade Likert Scale with a response deadline of fifteen days.

Table 1 Demographics of Participants, Erasmus + "Strategic Partnership" (TNP)

Country	Participant
Chzech Republic	2
Spain	2
Denemark	2
Cyprus	2
Turkey	2
Israel	2

Following end of phase two, the task leaders collected all responses and calculated a shortlisted set of statements with a minimum consent rate of 80%. The statements with a score between 10 and 12 out of 12 are presented in table 2 were included to form the final screening tool. This final questionnaire was presented and unanimously approved during a face-to-face partner meeting in Ceske Budejovice.

RESULTS

The name of the final screening questionnaire is Transcultural Health care Screening Questionnaire and is rated using a 5 rating scale from totally disagree (-2) , mostly disagree (-1), unsure/neutral (0), mostly agree (+1,) totally agree (+2). The questionnaire consists of 30 statements and therefore a maximum score of 60 can be achieved. In terms of cultural sensitivity a score of at least 80% (i.e. 48/60) is deemed sufficient to confirm cultural awareness and sensitivity. For increased reliability, a number of statements have been

deliberately re-worded to attract a negative meaning. In this case, the marking is reversed, i.e. a disagreement statement carries +1 or +2 points and an agreement one a negative grading of -1 or -2, respectively.

The representatives from all 6 participating countries (Israel, Cyprus, Denmark, Turkey, Check Republic, Spain) unanimously agreed that the patient rights should be protected at both local / policy and national / legal level all and also that the society should be responsive to the needs of different groups all participated countries. Moreover, they all totally agree that the time and staff limitations are significant contributors to low patient satisfaction, that the healthcare working conditions are significant for their as well as their patients' wellbeing and that compassionate care is the patient's right. Finally, they totally agree that transcultural care recognizes the right of patients and professionals to have different approaches to life/death and at the end that the communication failure can lead to errors in healthcare system. Most countries agreed, with a small differentiation from the team of Turkey, that in order to be able to respond to people's different a combination of knowledge, attitudes and skills is required for a sufficient intervention. Turkey was also unsure if intimate procedures should be clearly defined and closely monitored. The same was true for the statement that religious practices should be freely executed in healthcare facilities wherever / whenever. Similarly, Turkey and Cyprus mostly agreed that religious beliefs may interfere with health practices, including organ donation in comparison with other countries like Spain, Denmark, Israel and Check Republic that totally agreed.

The Spanish team was unsure whether high quality care should be individualized and holistic while other European countries totally agree with this statement. Spain and Cyprus teams also mostly agreed that error reporting policies are crucial to improve outcomes whether other European countries totally agreed.

All of the countries agreed that compassion is a globally desirable health value with a small differentiation among Check Republic and Turkey that mostly agree and the rest of the countries totally agreed. Cyprus mostly agreed that the Cross border travel has made transcultural care more significant today than ever in the past but the other countries totally agreed.

All the countries totally agreed that inadequate documentation can lead to errors with Check Republic mostly agreeing with this statement. Cyprus mostly agreed that transcultural care must be offered equally to all and other countries totally agreed.

Spain and Check Republic mostly agreed that life-long healthcare training including transcultural skill acquisition should be required for licensing and the other countries totally agreed with this statement. Finally, Turkey and Cyprus mostly agreed that clothing and nutrition in hospitals should reflect concern for patient autonomy and needs whether the other countries totally agreed.

Table 2 Results of the questionnaire that score at least 10 out of 12

STATEMENT	SCORE
Society should be responsive to the needs of different groups	12
Transcultural care is formally endorsed as a global good practice by ICN / WHO	12
Patient rights should be protected at both local / policy and national / legal level	12
Pain should be proactively assessed using simple and reproducible scales	12
Communication failure can lead to errors in Healthcare	12
Time constrains in care delivery are associated with lower patient satisfaction	12
Staff limitations are significant contributors to low patient satisfaction	12
Healthcare working conditions are significant for their as well as their patients' well being	12
Transcultural care recognizes the right of patients and professionals to have different approaches to life/death	12
Compassionate care is the patient's right	12
Transcultural care requires tolerance to difference	12
The effect of cultural background on nursing outcomes can also be subconscious	11
Religious practices should be freely executed in healthcare facilities wherever / whenever possible	11
Responding to people's different needs requires a combination of knowledge, attitudes and skills	11
When cultural values are ignored benefit from care is minimized	11
Cross border travel has made transcultural care more significant today than ever in the past	11
Inadequate documentation can lead to errors	11
End of life decisions should be taken with total respect for patient wishes, while family and nurse/doctor views should be also openly discussed	11
Free choice of health professional should be offered subject to urgency and availability	11
Transcultural care is necessary to offer it equally to all	11
Certification / accreditation procedures in healthcare should include verification of transcultural awareness	10
Clothing and nutrition in hospitals should reflect concern for patient autonomy and needs	10
Intimate procedures should be clearly defined and closely monitored	10
Life long healthcare training including transcultural skill acquisition should be required for licensing	10
Error reporting policies are crucial to improve outcomes	10
Healthcare provision is a free joint partnership between care providers and care recipients	10
Compassion is a globally desirable health value	10
Nurses should practice communication skills as they are often the first contact of patients with health services	10
Ethical considerations arising from healthcare provision should be timely reviewed and resolved	10
Learning the cultural needs of people is necessary to offer care	10

Israel was unsure if the Transcultural care is formally endorsed as a global good practice by ICN / WHO in comparison with other European Countries that totally agree with this statement.

DISCUSSION

The results shows that all participants can agree on a shortlist of statements which summarize the important elements of

transcultural care. Essentially, transcultural nursing has focused on understanding cultures and their specific care needs and how to provide care that fits their lifestyles rather than assuming professional nurses always knowing what is best for them. The transcultural education of nurses is a health and social care imperative in the twenty-first century (Irena Papadopoulos, 2006). In our study, it was confirmed that health professionals recognize the need to solve problems that are usually caused from the different cultures of the patients that they have to care for during their working time. They also expressed a desire to prevent the misunderstandings that distort the relationship between the patient and the health worker, since they recognized that these may negatively affect treatment and patient care.

According to the report issued by Eurostat, Statistics in “Focus, 98/2015 - Recent migration trends” the largest number of foreign immigrants was recorded in Spain (803 000 persons), Germany (558 500) and United Kingdom (451 700), who, together, received 60% of the 3 million foreign immigrants in EU27. Romanians were the most numerous immigrants among citizens of EU27. In our study, migration was indeed recognized as a reason for increased priority for transcultural awareness, raising a number of challenges relevant to a number of issues, such as nutrition and self-hygiene, end of life practices, role of the family and the patient in decision making and respect of religious belief and its practice within a healthcare facility.

Transcultural care implies being grounded in one's own culture but having the culture-general and culture-specific skills to be able to live, interact, and work effectively in a multicultural environment (Simons, *et al.*, 1993, p.245). All human beings are cultural beings. Culture is the shared way of life of a group of people that includes beliefs, values, ideas, language, communication, norms and visibly expressed forms such as customs, art, music, clothing, food, and etiquette. Culture influences individuals' lifestyles, personal identity and their relationship with others both within and outside their culture. Cultures are dynamic and ever changing as individuals are influenced by, and influence their culture, by different degrees (Papadopoulos and Lees, 2003).

The European cooperation puts internationalization pressure on the training institutions in the health sector to increase the quality, mobility and involvement of European vocational training. There are some inherent barriers in the mobility of nurses: language, cultural immobility, tradition, the variation among standards, including transcultural educational standards. This makes a better linguistic and intercultural preparation necessary. Our study has indeed confirmed that transcultural training is a major necessity in modern curricula in all health professions and must also be included in life-long / continuous professional development programs as well as assessment for accreditation / quality assurance purposes.

CONCLUSION

This study has provided additional evidence to support the ICN and WHO recommendations that each Country should include transcultural awareness training and clinical practice guidelines in their respective National Health Systems. This is a crucial priority in order to promote cultural care beliefs and values and comprehend their significance for the lifestyles of people to

help them maintain and/or regain their health, or to face death in meaningful ways. Healthcare professionals should possess both the knowledge background as well as the practice context in order to understand the culture of the patient that they have to treat and to proactively recognize their specific care needs. This will significantly facilitate them afterwards to provide individualized care, resulting in increased satisfaction and quality for both provider and consumer.

The ongoing TNP project (www.tnp.eu) is an opportunity to detect and exchange transcultural care best practices among different countries of the greater European and Mediterranean area. Among the activities of the project, a main deliverable is the creation of a comprehensive set of freely disseminated information on major cultural habits and differences within European countries. This material should help to form a solid reference while providing specific medical care of patients of a different culture. The creation of such materials should extend to all different cultural identities and group needs identified in each particular health system and must always be preceded by an analysis of the current state of awareness regarding cultural diversity and sensitivity. Thus, the proposed screening tool developed via output 1 of this study can serve as an initial assessment method to detect opportunities for training and changing attitudes among health professionals. Validation of each translation and subsequent application in a pilot study currently conducted in each partner country will also assist to verify its suitability for generalized application as a needs assessment and targeted intervention planning tool in transcultural care and public health in general.

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