



ASPAN

American Society of PeriAnesthesia Nurses

Message from the President

Cultural Competence in the Clinical Setting

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Meg Beturne MSN, RN, CPAN, CAPA
ASPAN President 2005-2006

The Theory of Culture Care Diversity developed by nursing theorist Madeleine Leininger is a resource that ASPAN can utilize as we journey toward cultural competence. It is the broadest holistic theory, and it encompasses the entire perspective of human life, including language expression, folk patterns, social structure, environment, values, and cultural history. It goes beyond the awareness state and utilizes culture care knowledge to deliver responsible care. Most importantly, it teaches nurses how detrimental cultural blindness and ethnocentrism is to their daily practice.¹

As perianesthesia clinicians, it is important for us to realize that people of different cultures are often able to inform us about the appropriateness of care they desire and, thereby, guide our nursing practice. Understanding that some very basic concepts differ from one group to another is an integral part of the process. For instance, communication patterns, time orientation, family roles/relationships, self-care remedies, environmental control, literacy level, illness/ health beliefs, and disease prevalence are pieces of the diversity puzzle. When they are correctly placed together to form unique pictures, there is a good chance that clients will receive culturally competent care and services. With knowledge comes the implementation of successful strategies and attitudes that demonstrate acceptance, sensitivity, and mutual respect.

It is not difficult to imagine how beneficial it is for the pre-testing nurse to obtain a cultural history along with a physical one. What about the positive outcomes that can be realized when a sacred object, such as a medal or amulet, is kept as close to the patient as possible or a patient receives therapeutic touch prior to surgery or drinks "healing tea" in secondary recovery? This comprehension of the patient's cultural beliefs and their inclusion into the treatment plan is critical for success.

It is commendable that ASPAN does recognize the importance of diversity and culturally competent care. Diversity is one of the chosen ASPAN core values. Our vivid description states that we will diversify our membership. ASPAN Standard #1 speaks to patient rights and specifically mentions the consideration that must be given to culture, as well as socioeconomic status, personal attributes, and nature of health care problem when working with patients, families, and the community.² ASPAN's Pain and Comfort Resource Manual contains a comprehensive description of cultural beliefs, values, and practices surrounding this phenomenon along with helpful interventions.

Since clinical practice is the heart of our existence, more initiatives are necessary, however, to move diversity forward in this area. Careful attention to the dynamics of difference needs to be stressed. Increased knowledge and skills attainment will happen through targeted educational programs and expert speakers. In addition, members of ASPAN will represent our organization at conferences involving minority nurses in order to bridge the cultural gap and move across the continuum to cultural proficiency. This is characterized by not only holding culture in high esteem, but also becoming a specialist in practice and an advocate for cultural competence throughout the health care system!

Ultimately, perianesthesia nurses will learn that cultural competent care needs to extend beyond distinctive racial/ethnic minority groups. It must include patients who are poor and those disenfranchised from mainstream society, such as the homeless, the addicts, the inmates, and the victims of domestic violence.

An appreciation and celebration of diverse practice settings will also occur as nurses from remote sites where moderate sedation is given are encouraged to showcase their best practices. Likewise, our colleagues practicing in office settings, obstetrical units, or on Phase III nursing floors will be invited to share their expertise through articles and poster presentations.

Throughout this year I welcome your stories on how a patient/nurse interaction benefited from your understanding and delivery of culturally competent care. Perhaps you would also like to share the impact that diversity has had on you personally, in relation to your peers and medical colleagues, and the positive outcomes that resulted in your practice. Hopefully, you will all become committed to the diversity process and say without reservation that you have the knowledge and the strategies and are ready to work with different people!

REFERENCES

1. Tomey, A & Alligood, M: Nursing theorists and their work.(5th ed.) St. Louis: Mosby, 2002
2. American Society of PeriAnesthesia Nurses: *Standards of Perianesthesia Nursing Practice 2004*. Cherry Hill, New Jersey, ASPAN, 2004