

Culture Shift: Caring for the Dying

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Outline

- Project background
- Definitions; Culture, IQN
- Stories
- Key messages/themes
- Challenges



Background

- National LCP Office; Strategic Area 3,4.

- Quality Improvement Initiative

Impact of cultural background on caring for the dying in NZ

- Were there common themes?
- What could we do to best support nurses new to NZ?



Narrative

- Increasingly used in research, education, audit and evaluation (Greenhalgh & Wengral, 2008)
- Describe experience
- Capture the personal journey
- Gain insight (Hardy, Gregory & Ramjeet, 2009)
- while expressing individual differences, common ground can be uncovered. (Jones, 2004)



Methodology

- Guidance from research expert
- Project plan development
- Recruitment & consent process
- 4 stories
- Narrative
- Thematic review



8 Prompt Questions

1. Tell me where you have come from and where you used to work
2. Explain how caring for those who were dying was like in the country you come from
3. What is it like caring for people who are dying in NZ
4. What are the major differences in caring for the dying here in NZ
5. Have you had to change the way you do things in NZ
6. How has that been for you
7. Has there been anything or anyone who has helped make caring for the dying easier in NZ
8. Is there anything you would like to mention, add or say



Definition of culture

- refers to the cumulative deposit of knowledge, experience, beliefs, values, attitudes, meanings, hierarchies, religion, notions of time, roles, spatial relations, concepts of the universe, and material objects and possessions acquired by a group of people in the course of generations through individual and group striving.
- is the systems of knowledge shared by a relatively large group of people.
- is communication, communication is culture.
- is cultivated behaviour; that is the totality of a person's learned, accumulated experience which is socially transmitted, or more briefly, behaviour through social learning.
- is a way of life of a group of people--the behaviours, beliefs, values, and symbols that they accept, generally without thinking about them, and that are passed along by communication and imitation from one generation to the next.
- is symbolic communication. Some of its symbols include a group's skills, knowledge, attitudes, values, and motives. The meanings of the symbols are learned and deliberately perpetuated in a society through its institutions.
- consists of patterns, of and for behaviour acquired and transmitted by symbols, constituting the distinctive achievement of human groups, including their embodiments in artifacts; the essential core of culture consists of traditional ideas and especially their attached values; culture systems may, on the one hand, be considered as products of action, on the other hand, as conditioning influences upon further action.
- is the sum of total of the learned behaviour of a group of people that are generally considered to be the tradition of that people and are transmitted from generation to generation.
- is a collective programming of the mind that distinguishes the members of one group or category of people from another.



Definition of culture

A particular way of living in the world, attitudes, behaviours, **links and relationships with others**

“Lifeways of an individual or group with reference to values, beliefs, norms, patterns and practices that are shared and transmitted Intergenerationally” *Leininger (1997)*



The Problem:

- Despite the evidence that groups are different from each other, we tend to believe that deep inside all people are the same. In fact, as we are generally not aware of other countries' cultures, we tend to minimize cultural differences. This leads to [misunderstandings](#) and [misinterpretations](#) between people from different countries. *(Hofstede, G. 2001)*



Internationally Qualified Nurses

- 11, 490 IQN's (24 %)
 - 11,261 RN's
 - 213 EN's
 - 16 Nurse Practitioners
- (Nursing Council, 2011)





Nursing Stats

New Zealand

- Overwhelmingly female
7.4% Male
- Ageing 41% > 50 or over
Palliative Care (58%)
- Largest single ethnic group
NZ/Pakeha 68%

IQN

- Mainly female
14 % male
- 41% < 40
- 29% > 50 or older



Based on Country of registration qualification

- Represented by :



4, 529



1,879



1,265



Cultural Perspectives of Care of the Dying

Philippines



India



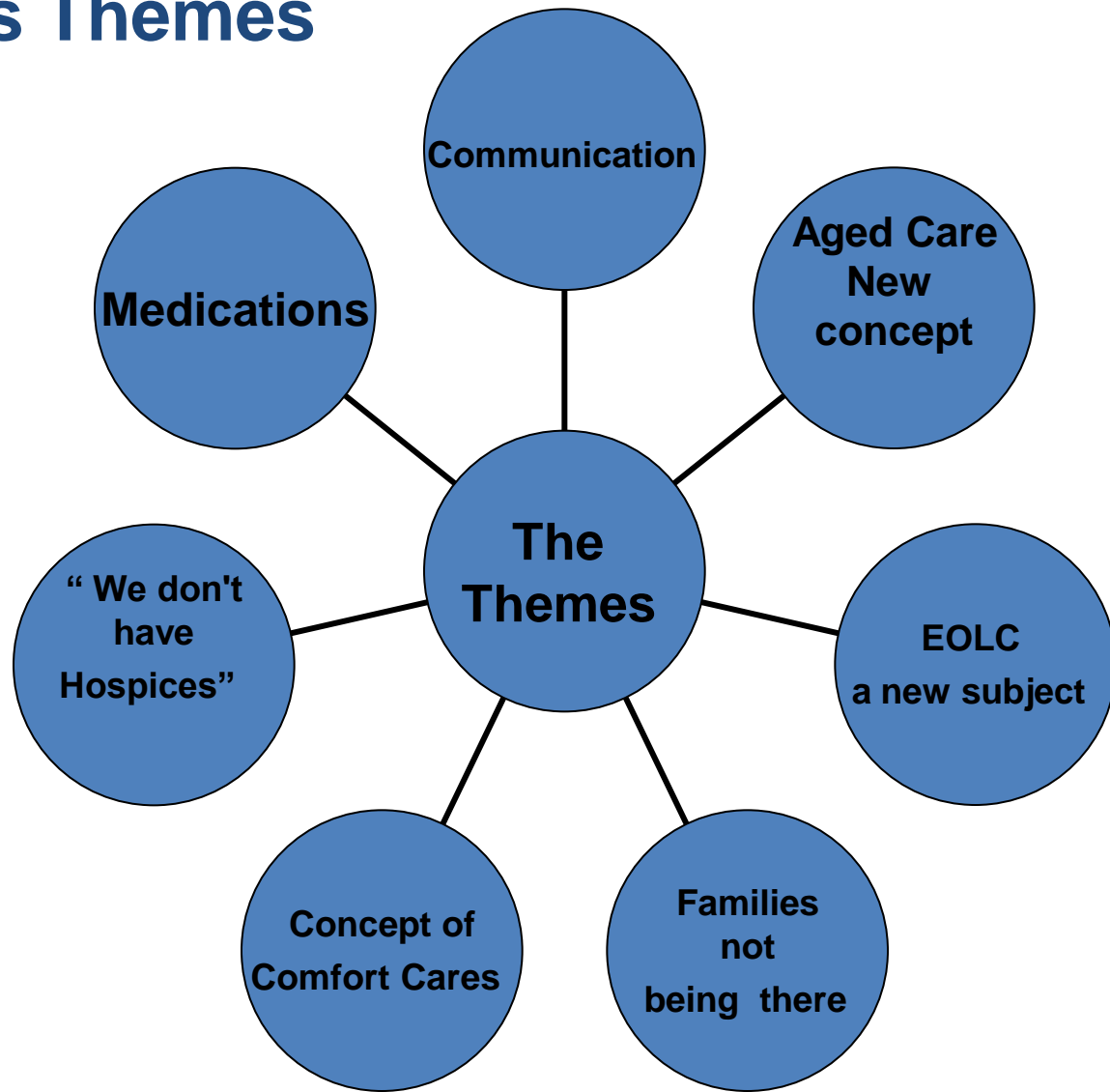
Fiji



Philippines



Narratives Themes



Communication

“ Language and cultural issues engender a range of implications... Language is socially constructed”.

When encountering doctors complaints or being at a loss when addressing patients concerns

(Y. Zhou et al,2011)



Addressing psychological concerns

“ I had a patient who was unhappy. He cried and lost his temper...I did not know how to communicate with him and convey my sympathy . I just did not have the words that (should) come naturally.”

(Chinese nurse working in Australia)



Care of the Elderly

It has been stated that many IQN will focus on the speciality of elderly care because this is an area that is not attractive to home grown nurses. Yet to many of these IQN the concept of Aged care facilities and hospices will be new. Far more will be familiar with Acute Care services – hospitals, ICU's and HDB's.



EOLC as a stand alone subject

End of life care/Palliative care as a unique subject was new for all of our IQN's

“ We don't have Hospices”

“We have never used syringe drivers”



Challenge to values

- Morphine was not usually available unless it could be paid for
- Disparity in how EOLC might be, according to financial situation
- Morphine myths
- Witchcraft
- Maximising treatment



The practice of nursing

- Some countries prefer nurses not to perform routine care such as bathing and feeding, as these are seen as families responsibilities.
- IQN reported concerns at the lack of courtesy and respect between, staff & patients and patents and staff
- The level of aggression and threats towards staff from pts and families (Omeri & Atkins 2001)



Challenges for the future

Culture and work practices may not only be the concern of nurses whose language is different. They can be equally diverse for immigrants with the same or similar first language



As Palliative Care Nurses/educators what might our role be in this ?

- Recognition of the needs of IQN
- Mentors and coaches
- Listening to the narratives
- Organisational challenges
- What is being taught ? How is it being taught?,
when is it being taught?



Understanding each other

“If New Zealand accepts IQN’S to work as RN’s here, there is an obligation to prepare the immigrants for the differences in culture that they will experience” (Westrade, 2013)



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