

Impact of Culture on Professional Practice

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Culture moulds how professionals in the nursing specialty conduct their duties. From a nursing standpoint, culture denotes the social behaviors which patients, their families, nurses and their colleagues exhibit in healthcare environments; thereby, determining the direction that the nurse-patient relationship takes. Transcultural awareness and sensitivity, therefore, is indispensable for nurses who endeavor to uphold the highest standards of their practice. This paper delineates the impact of culture in professional nursing practice, based on how the facets of culture, such as spiritual and religious beliefs, could influence safe clinical practice.

Transcultural Awareness in Nursing

Transcultural awareness refers to the ability of nursing professionals to understand the needs of patients who hail from different cultural inclinations through providing a culturally-sensitive form of care. Harbinson (2016, p. 348) articulated that transcultural awareness becomes an uphill task for any nurse who has different patients, from considerably dissimilar backgrounds under their care. This element of culture, according to Mendes (2015a, p. 459), in nursing is a skill set that improves with time. In the U.K., the need for transcultural awareness is necessary since economic, political, and human factors have resulted in the immigration of individuals from diverse cultural backgrounds (Office for National Statistics UK, 2017). From a critical angle, trans-culturally competent nurses stand a superior chance of caring for patients from divergent cultural backgrounds. This is because, through transcultural awareness, the nurses could provide holistic care which respects the cultural values of patients. As a result, transcultural awareness establishes trust between the patient and the nurse (Mendes, 2015b, p. 322). For example, a nurse could learn to respond to the body gestures of individual patients

based on how the patients interpret the gestures from their native cultures. For that reason, patient safety becomes enhanced when the nurse understands the cultural needs of each patient.

Similarities and Dissimilarities Between Different Cultures

Researchers have defined culture from varied dimensions. Vijayalakshmi and Math (2015, p. 87) delineated culture as the totality of social norms in a particular society. Truong, Paradies, and Priest (2014, p. 99) explored this definition further through encapsulating culture as the dynamic customs, preserved through communication, which differentiate the diverse human societies. The Indian and African cultures, for instance, differ on what their members ought to eat. On the one side, the Indian culture is vegetarian while the African culture encourages the consumption of animal products as a source of proteins (Leitzmann, 2014, p. 499). Therefore, when a nurse understands these cultural variations, they could advise the patient on their meal accordingly (Becker, 2013, p. 67). However, both cultures are similar on how they espouse the necessity of spiritual intervention for those who are unwell. This is because both cultures deem sickness as having a spiritual dimension which is manifested in the physical world. A nurse caring for patients in such cultures could, for example, refrain from restraining the patients' family members from holding vigils within the healthcare organization's vicinity.

Impact of Cultural and Religious Beliefs

The religious beliefs of patients control their attitude and reception of treatment. For a nurse, cultural competence acts as the conduit through which they could deliver quality patient

care around the clock. Cockell and McSherry (2012, p. 962) conducted a cross-sectional study which emphasized that some religions place certain standards on their members in a bid to preserve their members' dignity and the healing power of their deities. For example, organ transplant is prohibited in certain religions while some like the Jehovah's Witnesses forbid blood transfusion. The NMC code on culturally sensitive care emphasizes that nurses have to understand such elemental cultural dynamics to devise alternative interventions for patients whose religious beliefs might inhibit them from undergoing certain nursing or medical procedures (Nursing and Midwifery Council, 2015). Notably, culture affects how nurses communicate with patients as well as which nursing interventions they might offer

How Culture Relates to Spiritual Beliefs

Culture is intertwined with spiritual and religious beliefs. Nurses who focus on the role of spirituality, as a constituent of culture, understand that patients characteristically continue with their religious beliefs even after admission into a health facility; meaning that the spiritual beliefs of patients have a substantial impact on their recovery and treatment (Markani, Yaghmaei & Fard, 2013, p. 23). For instance, Muslims fast during Ramadan, the holy month. Understanding such a crucial religious aspect is essential in drug administration and advising the patient on the most suitable times to take meals without either compromising their spiritual beliefs or their path to recovery. Moreover, the process of shift handover becomes more effective since once a resident nurse understands the religious beliefs of a patient, the nurse can easily document such concerns in a way that promotes the portability of the information from one nurse to the other. Therefore, factoring in the patient's religious beliefs contributes to patient safety.

Challenge of Cultural Responsiveness Based on Patients' Spiritual and Religious Beliefs

Cultural responsiveness could become challenging due to the differing spiritual and religious beliefs of patients. While a nurse might strive to respond to the needs of a patient using the patient's religious beliefs, as a benchmark, this could prove futile in those cases whereby misunderstands the patient's religious beliefs. For example, Buddhist culture forbids women from waving to men. As such, a female nurse who waves to a male patient to signal them could be misinterpreted to have committed the unthinkable (Scammell, 2017, p. 18). To establish a good nurse-patient association, the NMC 2015 promotes effective communication in nursing practice. As such, when the nurse adheres to standards English while using non-verbal cues cautiously when communicating to patients, they could, in turn, create a healing environment that is typified by politeness, reverence, and simplicity in issuing and understanding instructions; hence, elevating safe clinical practice.

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Conclusion

Culture shapes nursing practice based on the impact that cultural sensitivity among nurse practitioners could improve safe clinical practice. While different cultures have several points of departure, they also have similarities. To a considerable extent, culture also impacts effective communication between a nursing specialist and the patients under their care. This is evident in the NMC code on culture. Cultural responsiveness is, as such, indispensable in the day-to-day duties of the nurse.

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