

Position Statement Cross-Cultural Oncology Nursing & Cultural Competent Cancer Care

Introduction

Demographic shifts recent decades have rendered most of today's industrialized countries multiethnic and multicultural. The coexistence of multiple cultures within countries is at the same time a source of enrichment, stress and potential conflict. The increasing migration worldwide highlights the need for a common approach and collaborative action for addressing the health needs of migrants and cultural influences in order to improve health care outcomes. This is even more challenging when dealing with life-threatening conditions, such as cancer.

Culture, as a system of learned behaviors, comprises multiple variables affecting all aspects of experiences related to cancer and must be understood as a dynamic process. Cultural processes frequently vary within the same ethnic or social group due to differences in age, gender, political and/or sexual orientation, social status, religion, ethnicity, and even personality.

EONS believes that a potential risk exists of developing a stereotypical thinking rather than a clinical competence if a multicultural approach to cultural competence is not accomplished. Therefore, a cross-cultural approach to culturally competent clinical practice focusing on communication skills, awareness of cross-cutting cultural and social issues, and health beliefs that are present in all cultures, is preferable. Evaluating cultural-related needs of the patient is significant. This patient centered approach relies on identifying and negotiating different styles of communication, decision-making preferences, roles of family, sexual and gender issues, and issues of mistrust, prejudice, among other factors.

EONS believes that disparities in the health status of people from diverse ethnic and cultural backgrounds should challenge health care providers. Therefore cancer nurses must consider cultural competence as a priority in order to achieve patient-centered cancer care.

EONS position is that the notion of cultural competence includes **understanding cultural differences and possessing knowledge and practical skills** needed to properly deal with cancer patients and families belonging to a different culture.

Cancer nurses:

- Recognize that **respecting cultural diversity** is the key to delivering comprehensive patient-centred and personalized cancer care across the illness trajectory.
- Recognize that **cultural factors influence cancer survival rates** and patient/family quality of life.
- Are **ethically, fully accountable** in all cancer care settings to provide cultural competent care in order to assure a **holistic approach** and to improve equal effectiveness of care for every cancer patient.

- Must be able to assess the cultural care needs of patients and to skillfully integrate their values and beliefs into care as this is one of the three pillars of evidence-based practice (patients' preferences & values).
- Provide cancer care in a way that allows and promotes the expression of cultural needs by the patient and the family.
- Should **use nursing models** that have been developed for education and clinical practice (Andrews and Boyle (2002); Campinha-Bacote (1998), 2002; Giger and Davidhizar (2002); Leininger (2002); and Purnell (2002). (Ref. book Leininger).
- Enhance the process involving the integration of cultural awareness, cultural knowledge, cultural skill, cultural encounters, and cultural desire.
- Demonstrate commitment to culturally and linguistically appropriate services.
- Act as leaders, mentors, and role models for other health care providers to ensure that all care providers truly take into account cultural differences, knowledge level, and preferences.
- Recognize and overcome common barriers to cultural understanding among colleagues and other health care providers.

References

- McFarland M.R., Wehbe-Alamah H.B. (2015). Leininger's Culture Care Diversity And Universality: A Worldwide Nursing Theory: A Worldwide Nursing Theory 3rd Edition.
- Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of health care services: A model of care. Journal of Transcultural Nursing 13(3), 181-184. doi:10.1177/10459602013003003.
- Engebretson J. (2011). Clinically Applied Medical Ethnography: Relevance to Cultural Competence in Patient Care. Nursing Clinics of North America, Volume 46, Issue 2, Pages 145–154 doi: http://dx.doi.org/10.1016/j.cnur.2011.02.002.
- Fleckman J.M., Dal Corso M., Ramirez S., Begalieva M, Johnson C.C. (2015). Intercultural Competency in Public Health: A Call for Action to Incorporate Training into Public Health Education. Front Public Health.
- Epner D.E., Baile F. (2012). Patient-centered care: the key to cultural competence. Annals of Oncology 23 (Supplement 3): iii33–iii42. doi:10.1093/annonc/mds086.
- Betancourt JR. (2004). Cultural competence marginal or mainstream movement? N Engl J Med 2004; 351: 953–955.
- Surbone A. (2008). Cultural aspects of communication in cancer care. Support Care Cancer 2008; 16: 235–240.
- Teal C.R., Street R.L. (2009). Critical elements of culturally competent communication in the medical encounter: a review and model. Soc Sci Med 2009; 68: 533–543.
- Kleinman A., Benson P. (2006). Anthropology in the clinic: the problem of cultural competency and how to fix it. PLoS Med; 3: e294.
- Papadopoulos, I., (2006) Transcultural health and social care: development of culturally competence practitioners. Churchill Livingstone Elsevier: Edinburgh.pp:10.
- Papadopoulos, I., και Lees, S., (2002) Developing culturally competent researchers. Journal of Advanced Nursing, 37 (3), pp258-264.
- Papadopoulos, I., Tilki, M., & Ayiling, S., (2008) Cultural competence in action for CAMHS: Development of a cultural competence assessment tool and training programme. Contemporary Nurse, 28. pp: 129-140.

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