

INTERCULTURAL NURSING IN CHAOS ENVIRONMENT: CASE REPORT

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ABSTRACT

The epidemic caused by the Covid-19 virus released in December 2019 was declared as a pandemic by the World Health Organization. The rapid spread of the virus unexpectedly and causing high deaths has led to a difficult process in the field of health. Societies, which are a social and cultural phenomenon, have also been affected by this epidemic in different ways. The phenomenon of health is not only a stable state of medical procedures, but also a dynamic concept where different cultures come together. Defending that if nurses do not take into account the cultural differences in the individual or society, the care to be given will not be effective, Leninger says that care should have the universal characteristics of the human structure under all conditions. In this sense, the aim of intercultural nursing is to provide culturally appropriate care. In this case, there are problems in health caused by the communication problem encountered in an Angolan patient who was hospitalized in the burn service when the coronavirus disease 2019 (COVID-19) was pandemic.

Keywords: *Leninger model, burn, nursing, pandemic, transcultural nursing*

Introduction

Coronavirus (COVID-19) is a pandemic that originated in the Wuhan region of China, causing acute respiratory infections and leading to high mortality rates (Aslan 2020). Due to the nature of the pandemic, anxiety and fear arising from it are affecting people's daily relationships (Aykut et al.2020;Bulut et al.2020). It is quite natural to feel more anxious during this period compared to normal life (Torumoğlu et al.2004). Anxiety and fear are typical responses to uncertainty, threat, and extraordinary life events (Tortumoğlu et al. 2004). Healthcare providers need to consider this when caring for patients and offer support (Aykut et al.2020;Bulut et al.2020). Strong social support facilitates coping by providing individuals with someone to share their emotions and thoughts, regardless of their cultural background ((Aykut et al.2020;Bulut et al.2020).

Culture is defined as values, beliefs, attitudes, behaviors, customs, and traditions shared and transmitted by people (Bekar 2001). Cultural sensitivity refers to being aware of and sensitive to cultural differences, similarities, cultural history, and ethnic makeup (Öztürk 2012). People shape aspects of life such as dietary habits, sleep patterns, physical activity levels, use of substances like tobacco, coping mechanisms for stress, and attitudes towards illness based on cultural influences (Öztürk 2012). Consequently, healthcare needs can vary among individuals from different cultures (Tuna 2015,Tanrıverdi et al.2009). Studies related to culture in nursing care began in the 1950s and evolved with the emergence of transcultural nursing. Transcultural care involves comparing health beliefs and practices from different countries or regions, focusing on comparative, humanistic, and scientific knowledge to preserve health and improve healing across all cultures (Tuna 2015,Tanrıverdi et al.2009). Leininger, a pioneer of transcultural nursing, stated that "care is the essence of nursing, healing is the essence of care, and care is curing," bringing about significant changes (Leninger 1991).

Transcultural care within cultural contexts is a holistic process that emphasizes research and deep observation (Tuna 2015,Tanrıverdi et al.2009). Effective intercultural communication enhances the quality of care, leading to satisfaction for both caregivers and care recipients (Leninger 1991). Conversely, inadequate intercultural communication between nurses and patients can result in negative outcomes such as cultural conflict, cultural voids, cultural pain, and culture shock (Leninger 1991).

In the chaotic environment brought about by the pandemic, nurses can be affected by even minor disruptions in communication with patients (Williamson) et al.2010. Communication breakdowns adversely affect the quality of care and treatment (Williamson) et al.2010). Therefore, for effective continuity of care, nurses need to plan care with a holistic perspective.

Purpose

The aim of this case study is to evaluate a patient from Angola who was admitted to the burn unit with a diagnosis of 27% third-degree electrical burn at the time of the pandemic outbreak using the Leininger Model, and to draw attention to the outcomes of culturally competent nursing care.

CASE REPORT

J.R., a 30-year-old male patient from Angola, is being treated in the burn unit due to third-degree burns covering 27% of his body. The patient speaks only French, and there are no staff members in the unit who speak French, nor is there an onsite French interpreter available. Consequently, daily dressing changes have been performed without effective communication, leading to a lack of understanding by the patient regarding movement precautions, resulting in joint contractures in his extremities. Additionally, due to differing dietary habits, the patient has refused hospital meals, leading to significant weight loss and inadequate caloric intake.

Consent for contracture and flap surgeries was obtained from the patient with the assistance of an interpreter, but surgery had to be postponed for two weeks due to the emergence of the COVID-19 pandemic. During this delay, explanations were provided to the patient via internet translation due to the absence of an interpreter. Subsequently, surgery was further postponed when the operating doctor tested positive for COVID-19. When the surgery was finally performed on the rescheduled date, the patient exhibited agitation postoperatively, attempting to remove dressings aggressively, causing bleeding at the wound site.

Upon admission, the patient initially communicated with nurses by saying "mama," although he did not understand the nurses' responses during rounds. However, after undergoing procedures, he began displaying inappropriate behaviors. The absence of an active interpreter due to the pandemic and the repeated postponements of surgery have significantly distressed the patient.

The purpose of Cross-Cultural Nursing Care Decision Making

The Leininger Model is based on philosophical assumptions derived from systems theory, anthropology, and humanistic values. According to the system, nurses who plan care listen to and discuss the patient's problems and life stories, and encourage the individual to decide what they need. The goal of Leininger's Cultural Care Theory is to explain the differences in nursing care interventions across human cultures and how culture affects individuals' health status.

In the case, the difficulties experienced by the patient, particularly due to language barriers, are highlighted. The inability to communicate with the patient has led to the development of a significant complication of burns, contracture. Additionally, the fear brought about by the global pandemic and being alone in an unfamiliar country have further exacerbated the patient's agitation. Based on these considerations, our aim in using this model is to evaluate the patient's cultural characteristics and to provide nursing care by understanding the patient's cultural differences.

In line with the Leininger Model,

The aim of Leininger's Cultural Care Theory is to explain the differences in nursing care interventions across human cultures and how culture affects individuals' health status. Providing culturally appropriate care involves understanding the dimensions of culture, shifting from a biophysical to a more holistic approach, increasing knowledge, seeking to change approaches, and developing clinical skills. In this sense, to provide holistic care, the nursing diagnoses we identified in the patient are as follows:

- a. Communication impairment due to language barrier between the patient and caregiver.
- b. Ineffective coping related to separation from home country and family.
- c. Weakness related to social isolation and social change.

a. Communication Disorder Between the Patient and the Caregiver Due to Language Problems

Lack of language proficiency prevented a comprehensive history from being obtained from the patient, who presented with disorientation and agitation, thus hindering a thorough clinical evaluation. The patient resides in Angola, an African country, and the nursing staff on the unit lacked knowledge about this region. Utilizing technology, information was gathered about the patient's place of origin and dietary habits. In order to develop an effective treatment plan, the patient's spiritual values and customs were explored, and their dietary habits and health practices were assessed. The patient mentioned consuming mostly dry foods, which did not align with our typical cuisine.

Efforts were made to provide the patient with more of the foods they enjoy as part of their customary diet to meet their caloric needs. For instance, the patient preferred having two boiled eggs for breakfast but declined tomatoes, which are common in our meals.

Given the language barrier, basic Turkish words were taught to the patient to facilitate simple communication in the clinical setting, such as "water," "nurse," and "toilet." Recently, the patient has started learning to express gratitude and count numbers.

b. Ineffective Coping Due to Leaving One's Country and Being Away from Family

The patient is unable to display appropriate coping strategies related to emotional fluctuations and the separation process they are experiencing. During this period, an assessment was conducted to evaluate the patient's current coping abilities and reactions to events. Sufficient time was given to the patient to express themselves, and observations were made regarding their facial expressions, body language, and eye movements. Additionally, expert support was sought to assist in understanding the patient's situation and identifying effective coping mechanisms.

c. Social Isolation and Powerlessness Due to Social Change

The patient feels isolated in social settings due to a lack of understanding and the physical deformity resulting from flap surgery. During this period, the patient was encouraged to participate in daily life activities. Methods to promote social interaction were selected in collaboration with the patient to facilitate their socialization.

Discussion

The changes and losses experienced during the illness process can be challenging for patients, especially when these changes and losses are not fully understood, leading to a chaotic situation. Patients generally seek to be understood and supported; therefore, when they feel misunderstood, they may experience agitation and stress. However, when patients begin to feel understood, agitation decreases, and a sense of trust develops, significantly improving the quality of care (Bolsoy 2006; Yaman 2016).

Despite technological and scientific advancements in the healthcare field, the relationships and communication between healthcare professionals and patients remain crucial. Humans are fundamentally relational beings. Healthcare personnel, especially nurses who interact with patients continuously, should understand and assess each individual within their cultural context and consider these cultural differences in their nursing approach (Bolsoy 2006; Yaman 2016).

In his study conducted in Japan, Hisama (2000) found that nurses' awareness of the cultures of the individuals they care for has a positive impact on nursing care (Hisama 2000). The health needs of people from different cultures and the practices related to these needs vary. For example, pain behavior and perceptions are heavily influenced by patients' socio-cultural backgrounds and cultures. People living in the Northern regions of Turkey tend to express their experiences of pain in a highly exaggerated manner, whereas those living in the Central and Eastern Anatolia regions are seen to be more resilient and patient in the face of pain (Kılınç et al. 2021).

Patients from rural areas tend to be more reserved in expressing their pain complaints compared to urban dwellers, and they also tend to adapt more easily to the treatment methods applied.

Kılınç et al.(2021) approached the case presentation of a male patient diagnosed with spinal tumor from a rural area according to the transcultural model. In the study, the patient reported consuming a mixture of olive oil and figs and herbal teas (ginger and St. John's wort) because he believed they were beneficial for cancer and accelerated wound healing. In addition, the patient used St. John's wort oil for his wounds. Nurses evaluated whether these practices had any negative impact on the patient's medical treatment. As a result of the evaluation, a decision was made to "preserve/sustain cultural care."(Kılınç et al.2021)

Düzcü et al.(2023) addressed the case of a Syrian university student with an existing atrial septal defect (ASD) within the framework of transcultural care to emphasize the importance of cultural care. ASD, which requires lifelong medical treatment, is a challenging condition to manage for a migrated individual. The patient, who underwent the transcultural care model, expressed that they regularly took their medications and felt physically and mentally well(Düzcü et al.2023).

Therefore, transcultural nursing care is of great importance. Nurses should identify elements that facilitate communication across different cultures and receive training in this area. Understanding patients' cultural, religious, and social contexts helps healthcare providers deliver services more effectively and appropriately, ultimately increasing patient satisfaction.

Nurses should conduct a cultural assessment from the moment they first communicate with patients. When gathering information from patients, factors such as economic status, family structure, gender roles, religious beliefs, health practices, lifestyle, and other cultural characteristics should be taken into account. It's important to remember that health and illness have emotional, social, behavioral, spiritual, and cultural dimensions.

Conclusion and Recommendations

In conclusion, the patient expressed feeling better as a result of the care received, with the assistance of an interpreter.

The increased risk of virus transmission, coupled with the chaos and anxiety brought about by uncertainty, creates significant stress for hospitalized patients and healthcare workers during the pandemic. In this process, maintaining sensitivity to cultural differences may be more challenging. However, it is essential to remember that healthcare is both individualized and universal in nature regardless of the circumstances.

Therefore, transcultural nursing should be an integral part of nursing practices and education. This approach recognizes the importance of considering cultural diversity in healthcare delivery, particularly in times of heightened stress and uncertainty. By incorporating transcultural nursing principles into healthcare practices and education, healthcare professionals can better address the needs of diverse patient populations and promote culturally competent care, ultimately enhancing patient outcomes and overall healthcare quality(Topbaş et al.2013).

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