

Sigma's 30th International Nursing Research Congress
Nurses Perceptions on Influences of Cultural Communication, Power Distance, and Negotiation in Pediatric Treatment Decisions

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As American demographics reflect growing diversity and a changing landscape, concerns with varying perspectives of children's and adult's health care issues continue to arise. The western medical model expectation is that families will comply and adhere to prescribed treatments and recommendations for health promotion/disease prevention and the treatment of illness or disease. Yet, national data demonstrates that increasing uninsured, increasing poverty, increasing chronic diseases in both children and adults, and the expanding diversity in cultural and religious beliefs influencing medical and nursing care of Americans.

One of the greatest concerns affecting contemporary health care is the numbers of medical errors. Medical errors relate to both acts of commission and acts of omission. Specifically, pharmacological understanding, acquisition and adherence, dosing errors, follow-through with check-ups, can often be attributed to the communication, education, respect and perspectives of care being experienced. Influencing factors including cultural perspectives of health care interventions, trust in the health care system, poverty and the ability to procure and manage medications, continue to be influenced by communication patterns. The goal of this project is to discover the negotiating experiences of patients and their families whose culture and religion influence treatment decisions, and then the development, implementation and evaluation of health-related curriculum on culturally sensitive negotiation skills for health care professionals. The overall aim is to make a contribution to error reduction.

Although health care program accreditation bodies require learning activities promoting effective cultural care and communication, current health care education does not expand on the development of effective skills in cultural care enough for competence in complex situations such as treatment delays, limitations or refusals.

This ethnographic investigation wove Leiningers' (2002) theory of cultural care with the discovery of the negotiating experiences nurses have with patients, parents and health care team members as traditional medical values and expectations transect with patients' and parents' cultural and religious beliefs. The concept of Power Distance was found to be influential in the negotiation process. Content analysis occurred and themes representing nurses' perceptions of cultural care during difficult scenarios will be shared.

Title:

Nurses Perceptions on Influences of Cultural Communication, Power Distance, and Negotiation in Pediatric Treatment Decisions

Keywords:

Culture and religion, Pediatrics and Treatment refusal

References:

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Abstract Summary:

The purpose of this qualitative research was to investigate treatment negotiations between Western pediatric medical/nursing teams and patients/families of diverse cultural and religious perspectives. This was done in relation to feelings of inequality or Power Distance. The outcome was to promote cultural care and respect during refusal/limitation/delay in treatment decisions.

Content Outline:**Introduction:**

As a pediatric hematology oncology nurse in the richly diverse urban environment of the Greater San Francisco Bay Area, this author has concluded that more research is needed in the area of the influence of culture and religion on traditional medical treatment decisions. Nursing education does not prepare novice nurses or support expert nurses in their ability to assist with identifying Power Distance and reducing clashing communication when families refuse, limit or delay treatment for cultural practices, prayer or alternative treatments.

Main Points:

Power Distance influences the negotiations that take place between families of diverse culture and religious beliefs and traditional Western-oriented nursing/medical teams. Reducing errors and promoting safety are the most important aspects of the negotiation. The child's safety is paramount, but teams must consider the impact of certain medical treatments on the well-being of the family and child (i.e., transfusions, chemotherapy).

Reducing the impact of feelings of inequality (hearing and expressing one's voice, needs and opinions) helps to reduce the negative communication patterns that can develop when families want to refuse, limit or delay traditional medical treatments for their child.

Conclusion:

Novice and expert nurses must be prepared to assist families of cultural and religious diversity in expressing their needs during pediatric medical treatment decisions.

Negotiations during these sometimes intense scenarios must be handled with care and respect. Research has shown that Power Distance, or the feelings of inequality, influence how parents and families share their views, beliefs, doctrines and needs when treatment decisions are being made.

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