

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

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Problem Statement

American demographics reflect growing diversity and a changing landscape

Cultural and religious diversity represents families who have varying perspectives on pediatric health care and treatments

The Western medical model has an expectation that families will comply and adhere to prescribed treatments and recommendations for health promotion and disease prevention

Both religious doctrine and cultural beliefs can highly influence how parents view traditional medical treatments for children

Pediatric treatment refusal, delay or a limitation of treatments often lends itself to complex conversations where the health care team wants to move forward and family members want to apply their traditional beliefs or religious doctrine.

There are over 31 churches in American whose religious teaches weigh against traditional medical treatments

Many cultural groups desire time to

process a child's medical diagnosis and look for alternative and more familiar treatments

Ethnographic Research Question:

How do pediatric nurses
negotiate with families who
wish to delay, limit or
refuse traditional medical
treatments?

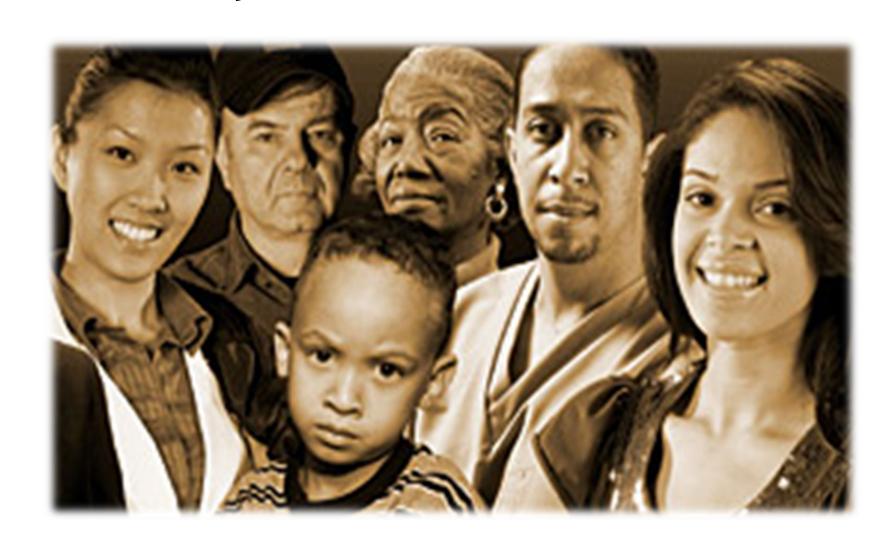
Methods

An ethnographic qualitative was proposed to investigate the negotiation process between families who wish to apply their cultural or religious beliefs rather than adhere to a traditional Western medical model of care.

The goal of the project was to discover the negotiation experiences of patients and their families whose culture or religion influence pediatric health care decisions and discover of Power Distance is used to promote consent and adherence.

The IRB at Dominican University of California approved the research proposal

41 nurses were invited to participate in in-depth interviews concerning their experiences with pediatric treatment refusal, delay or limitation



This ethnographic investigation intends to weave 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.

Interview Questions Asked

How do pediatric and adult nurses communicate and negotiate across diverse cultural perspectives of health care needs?

How do pediatric and adult nurses assess who the decision maker (or most powerful one) influencing the patient's health care identification of need and adherence to prescribed treatment plan?

What are the experiences of parent, family members and health care team members in their negotiation process concerning treatment refusals, delays or limitations?

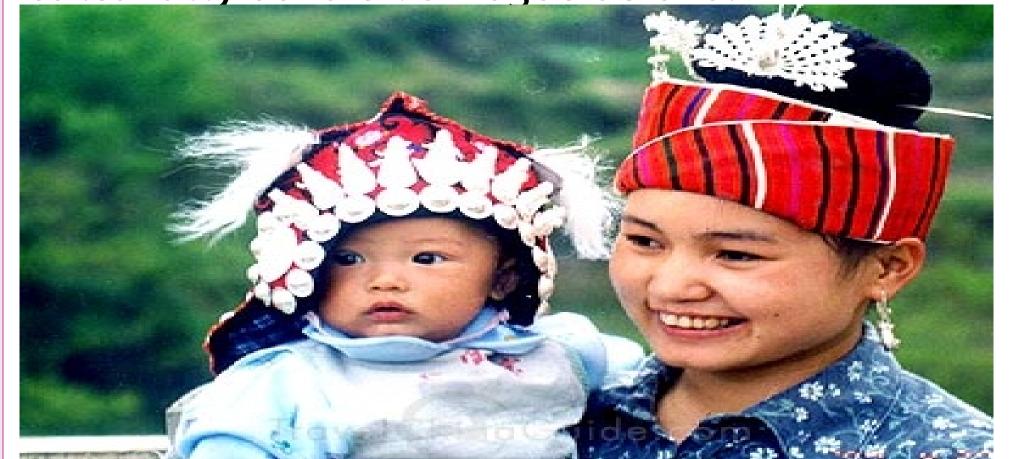
How do you think parents for families describe the negotiating processes when cultural and religious beliefs influence health care treatment decisions for their family members or their children?

How do health care team members describe the negotiating process when cultural and religious beliefs influence health care treatment decisions for children?

How influential is Power Distance in situations of cultural care?

Please share a story with me that describes a situation where you were successful in culturally sensitive negotiations.

Please share a story with me that describes a situation where you did not feel successful in culturally sensitive negotiations.



Findings

- •Two themes were discovered in the ethnographic research study:
- •1. The team had to weather a storm of moral conflict
- •2. Power Distance was used as a secondary means to secure parental consent or adherence to medical treatments

How Will the Findings Be Used?

- Curriculum development for undergraduate students
- Simulation development for students and nurses of varying health care science backgrounds

Further Research

More research needs to be conducted in the following areas:

- What are the most effective was to maintain safety during difficult negotiation processes when families refuse, delay or limit medical treatment?
- How best can a pediatric health care team work together to approach the family with alternatives to traditional treatments?
- How best can a pediatric health care team communicate while avoiding Power Distance?