



Culturally Competent Care for School Nurses

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Introduction

In recent years, the United States has acquired a very diverse population, with an array of cultures, ethnicities, and races. During the past 10 years, 12 million immigrants have come to the U.S. from many parts of the world (Habel, 2001). These diverse populations bring with them particular beliefs about roles in society, family, child rearing practices, and health and illness. To serve this expanding, diverse population and to deliver safe, effective care, nurses should understand the relationship between culture and nursing care.

Nursing care, however technically correct, may be diminished in effectiveness if cultural diversity and its impact on individuals are not properly addressed. According to Madeline Leininger, a transcultural nursing theorist, nurses who work with diverse populations must recognize specific care constructs related to curing, healing, and caring while incorporating them into health care practices (Leininger, 2002). Transcultural nursing theory encourages examination of the similarities and differences in expressions of care within a culture. It is important for nurses who provide care to diverse populations to comprehend cultural beliefs regarding traditional and folk medicine, nuances of verbal and nonverbal languages, and the viewpoints of families in their care. In essence, transcultural nursing lends itself to health care that is not “one size fits all” — rather, it is care that recognizes specific cultural needs. To provide quality nursing care, it is essential for healthcare providers to have *cultural desire*, which is defined as the “motivation to want to, rather than have to, engage in the process of becoming culturally aware, culturally knowledgeable, culturally skillful, and familiar with cultural encounters” (Campinha-Bacote, 2002, p. 3). Campinha-Bacote goes on to say that people do not care how much you know, but are more interested in how much you care.

While knowledge of the transcultural theory is important to nurses in all disciplines, this article will focus on the school nurse and the effect of culturally competent care in school health practices. School nurses are in a position routinely to care for students from Western and non-Western cultures, who speak different languages and have different healthcare concerns. Therefore, school nurses have an obligation to learn as much as possible about the medical needs of their culturally diverse students. In a complex society, where individuals from diverse cultures want respect for their cultural beliefs and values, school nurses must often walk a fine line between care that is sanctioned by school board officials and care that is culturally competent. It is insensitive to impose Western health beliefs onto members of other cultures before they have a chance to try their own herbal treatments and pharmacology that seem harmful or unusual to us and are common practice in certain populations. School nurses have the ability to benefit students and extended family members; they can help students develop good health habits, encourage preventive care, and help family members to seek medical attention when necessary.

There are barriers that prevent school nurses from providing optimum care to their students and their families. Barriers that must be considered when working with diverse populations include an absence of self-awareness; nuances of language and communication; and only vague knowledge of the health belief systems of other cultures. To overcome these barriers, there must be successful advocacy for the clients by the school nurse. The route to cultural awareness may be demanding, but necessary in order to practice culturally competent care.

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Absence of Self-Awareness

Self-awareness can be defined as being cognizant or conscious of self as a person. Mosby's (2002) definition of self is the "total essence or being of a person; the individual. Those affective, cognitive, and spiritual qualities that distinguish one person from another, a person's awareness of his or her own being or identity" (p. 1555).

Self-awareness is a process of introspection that helps to bring forth attitudes, conceptions, knowledge, and understanding about different cultures. In the quest for cultural competence, a self-evaluation is necessary to determine how one feels about one's own culture. The following are examples of questions to ask when providing care: Are there strong convictions in your own cultural health system? Do you have reservations about the health systems of other groups present? Do you believe that other health practices are primitive and based on superstitions? Answering these questions is important to determine if any prejudices or stereotyping

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exists regarding children and families of specific cultural groups. Negative cultural conceptions may undermine caring, treating illness, or preventing illness when interacting with students and their families. By talking with and caring for individuals from other cultures, nurses have great opportunities to expand their horizons and bridge the intercultural gap through care and caring. The mastery of appropriate cultural interactions must be viewed as an ongoing process for it to be effective.

Language and Communication

Issues involving language may present major barriers in the administration of culturally competent care. Inappropriate communication between students, families, and school nurses may lead to poor or even negligent care. The inability of a family and a school nurse to communicate with each other regarding important health issues is potentially dangerous, as demonstrated in the following case.

An 8-year-old Hispanic boy came to the health office with severe abdominal pain and rebound tenderness in the right lower quadrant. He was crying and barely able to speak. The mother, who spoke very little English, was called to school. She was in a state of panic and had a very difficult time understanding the severity of the situation. To avoid any misunderstanding, a Spanish-speaking staff member was called in to translate to the mother the importance of going directly to the hospital. Fortunately,

the mother took her son to the emergency room for treatment. The diagnosis was appendicitis, and an emergency appendectomy was performed.

Fortunately, this case had a positive resolution for the student and his family. However, if the mother had not received the right information about her son's condition, the outcome might have been devastating.

Nonverbal Communication

Nonverbal communication can be almost as important in relationships as verbal exchanges. Components of nonverbal communication include silence, facial and hand gestures, smiling, eye contact, and touching. For example, in Western cultures, smiling usually conveys happiness or satisfaction with a situation, whereas in Asian cultures, smiling may be a sign of apology or misunderstanding of certain actions. School nurses need to be cognizant of nonverbal communications with children and their families to avoid misunderstandings and resistance to health care. The following situation illustrates how nonverbal communication can impact interactions between school nurses and members of different cultural groups.

A student from Sierra Leone was coming to the school health office with frequent stomach aches. She was at an age and stage of physical development when menstrual cramps could possibly be the issue. However, the student would become silent when questioned about her stomach pains; she was very resistant about discussing this personal issue. The mother was contacted and advised to seek a medical evaluation. The mother also seemed uncomfortable talking about a condition so personal in nature. A doctor's visit was scheduled and revealed that the student was beginning her menses and had dysmenorrhea. Consequently, the student was prescribed medications to treat her symptoms.

In this case, it was important for the school nurse to understand that this student and her mother felt uncomfortable talking about a normal and nonembarrassing developmental situation in our culture, and needed to be gently prodded to seek help.

Interpretation

The use of interpreters in cultural encounters is an important and extremely sensitive issue that needs to be embraced by school nurses. Congruent communication is crucial to understanding the nature of an illness and providing appropriate treatment. The lack of English speaking ability in families from diverse backgrounds is often a significant barrier to receiving competent care. Unfortunately, in the school setting, nurses are often forced to use children as translators to convey medical information. Failure to communicate effectively with parents may result in the child's receiving inadequate health care.

When using children as translators, certain information may be unintentionally omitted by the child due to a lack of understanding of medical terminology, and some words may be perceived as embarrassing for children to say to adults. To avoid disrespect to their elders, children have a tendency to substitute words that they are uncomfortable speaking, therefore changing the context of the communication. Children should not be put into situations in which they are privy to confidential information about their classmates, and all attempts should be made by school nurses to utilize adult translators. The ideal situation would be to have an available pool of bilingual staff mem-

bers who are readily available to interpret for non-English-speaking parents in a confidential, knowledgeable, and professional manner.

When cultural diversity exists on a large scale in the school setting, the health requirements of the community must be assessed and promoted. It would behoove school nurses to develop communication and language strategies to meet a plethora of health concerns. Interpreters, staff education in-services, printed materials in major languages, and literacy skill assessments are elements that are important in the delivery of culturally competent care. It may be necessary for school nurses to lobby school board members and administrators for assistance in making these goals of a school policy of hiring more bilingual staff members.

Health Belief Systems

Every culture has its individual ways of dealing with health and illness, birth, delivery, and death. People from Hispanic, African, and Asian cultures often rely on folk medicine and magic to treat disease and illness. It is essential for school nurses to show respect for different health practices, but they should be astute about the need for medical referrals in the event that folk medical treatment fails.

One cannot assume that a completely acculturated family does not believe in folk medicine as seen in the case of a young girl of Hispanic heritage who was born in the U.S. and spoke fluent English.

A fourth grade student came to the health office complaining of upper respiratory symptoms. She was afebrile and had a slight cough. When questioned about the treatment she had received for her "cold," she stated that her mother had given her "bark" from a Panamanian coconut tree. The school nurse's gut reaction was to monitor the student for changes in her cold and call the parents if traditional medical intervention became necessary.

The girl's condition improved with the folk medicine and no further treatment was warranted. Thus, the integrity of this particular health belief system was preserved.

In another situation, the possibility of an ADHD diagnosis caused tremendous stress for one Asian family.

A kindergarten boy of Vietnamese descent was referred to the School Resource Committee because of behavior problems and difficulty in sustaining attention in tasks and activities. The parents spoke little English and seemed reluctant to come to school to address the problem. In their culture, any discussion of mental illness or emotional problems is avoided. To solve this dilemma, it became necessary to contact a Vietnamese physician, respected by the family, to explain the possibility of ADHD and medications to treat their child.

This student was successfully treated within cultural guidelines accepted by the family.

Economics

In the Polish community in our school district there are many blue-collar workers who often work multiple part-time jobs to support their families. Because of their part-time status, healthcare benefits are not offered. Often, adult Poles will delay medical attention because they cannot pay for it. In their culture, the inability to pay implies a failure to provide for oneself and one's family. To be judged as being

needy for most Poles is humiliating. Likewise, if a child becomes ill in school and the illness warrants outside medical attention, it means an unexpected bill for the parents. The parents are in conflict because they realize a doctor must treat their child, but they do not have the money for the visit. For a meaningful interaction between the school nurse and the parents to take place, the school nurse must understand the pressures and economic demands placed on the parents. The school nurse can validate parents' feelings and, at the same time, establish trust. Furthermore, the school nurse can offer a resolution to the parents' conflict by supplying them with names of Polish doctors or nurse practitioners who can help a family obtain medical treatment for their child without shame and humiliation.

Conclusion

Coming to terms with your own ethnic identity and culture is the first step to understanding the mosaic of cultures that can be present in a school population. Self-awareness affords the school nurse, or any nurse, the opportunity to examine the differences between one's own culture and other cultures. Once this recognition and understanding is achieved, it permits one to view other cultures with an open perspective and an appreciation of the differences without trying to transform cultures into one's own. There comes eventually a realization that school nurses cannot know everything about every culture and ethnic group. This realization helps us to continue to learn from the children whom we encounter in school, through interactions with their parents or care takers and dialogues with our colleagues.

As school nurses we must strive to continue to reduce barriers to cultural understanding by using such resources as ethnic agencies, professional and lay people of the same cultures and ethnicity as our students, and cultural brokers. In particular, school nurses must continue to evaluate their own self-awareness, existence, sensations, and environment the better to serve their multicultural populations. There must be an effort to provide culturally specific interventions when the situation warrants it. And as professional nurses it is critical to keep interpersonal skills, and knowledge and techniques learned from nursing science, sharp (Purnell & Paulanka, 1998). 🍷

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