

EDITORIAL**Nurses Cultural Conscience and Nursing Practice****Sofia Zyga, RN, BSc, MSc, PhD,**

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Corresponding author:Sofia Zyga, Assistant Professor, University of Peloponnese, Faculty of Human Movement and Quality of Life Sciences, Department of Nursing, Leonidou 3, Sparta Lakonias, Greece, Tel: +302731021208, Email: zygas@uop.gr**Abstract**

The prevalent immigration status and the appearance of new social groups re-defined the benefit of care provided by healthcare professionals, giving, in the past few years, particular emphasis on patients' cultural characteristics, which are taken into consideration during nursing evaluation. Therefore, in this "cultural diversity", the need for healthcare professionals' education is emerged, so that they will be capable to provide cross-cultural care always respecting patients' rights. Nurses with cultural conscience can provide suitable care in various cultural social groups.

Key- words: *cultural conscience, cultural diversity, transcultural nursing, nursing practice.*

Cultural conscience of nurses

Nursing staff continuously try to provide sufficient care in the frame of their patients' cultural limits, which they conceive only when they have cultural conscience. According to Cowan and Norman, Garity defined the term cultural competence as "the sensitivity toward different cultural groups". This sensitivity includes the perception of the influence caused by factors such as immigration, stress, lack of harmony in the person's life, family influences, poverty, language, fables, taboos and spirituality. On the other hand, Abrums and Leppa point out that cultural conscience needs to take into consideration gender, order and sexual choice (Cowan and Norman, 2006).

Cultural conscience in nursing practice is an everlasting process that aims in the provision of nursing care to individuals who come from various cultures, taking into account their diversity,

having adequate not only knowledge but also qualifications in cross-cultural nursing and finally by showing respect to people coming from other cultures (Leininger, 2002).

Cultural conscience refers to the process of active growth and application of suitable and sensitive strategies and to the skill to interact between culturally different people. The main object of cultural conscience is the development of the communication knowledge, of the needed skills, and of the practical knowledge that gives the possibility to nursing staff, - and other health professionals, as well, - to provide holistic care to people of different beliefs, values and behaviors, in a way that respects patients' social, cultural and linguistic needs (Maddalena, 2009).

There is an even bigger recognition of the need for education on cultural conscience in order to eliminate the conditions of ethnocentrism appearance during the provision of patient care.

Ethnocentrism, the distinctive culture of a society, is regarded by its members, as the superior culture and it is used as a benchmark of other social groups and their civilizations. Cultural conscience is considered a process that requires from individuals but also from health systems to be sensitive and to respect cultural diversity (Suh, 2004). Knowledge concerning patients' alimentary habits, lifestyle, alternative medicine, pain assessment through body language, but also values concerning pain, religious convictions and death perceptions, as well as family structure, contributes to a better patient evaluation and care.

Certain groups of people, such as refugees, need different care. Nursing staff should be aware of the most potential health problems of each group, in order to be able to assess the indications of diseases and disorders. The cultural awareness is very important during evaluation. Indubitably, in the case of refugees, the main method of approach is via trauma theory. Enormous is the literature on the nature, the causes, the diagnosis and the sociopolitical parameters of lesion. Lesion results to be a linear term which implies a definite linear – reductive relation between external facts and endo –psychic consequences. The unbearable pain and the multiple losses derived from these conditions, cause so much pressure that great confusion is created among three at least parameters of the above mentioned opinions: the ethics and logic, the clinical and pathological, the social – political and historical parameter. This, however, ignores the aspect of the psychological treatment of experience and unwittingly, we result to exercise violence against those who want to help.

Having cultural conscience, nursing staff can offer sufficient care in various cultural social groups. They owe to ensure these patients' rights and this can be achieved only if they are aware of their cultural or intellectual background.

Transcultural nursing practice

According to Rajan (1995), transcultural nursing can lead to more creative ways of collaboration with people of different culture background.

Additionally, it will probably broaden the perspective and the view that nurses have about the world. In favor of cross-cultural nursing practice, greater respect, better understanding and good knowledge of cultures, reduced racism and holistic approach are included.

Another advantage of cross-cultural nursing is the change of the false perception that the western way of health care is the only applicable.

Moreover, Leininger's theory on cultural care (Culture Care Theory) could give further knowledge on social issues and social justice (Lancellotti, 2008).

Possible weaknesses of cross-cultural nursing include the necessity for suitable methods needed for cross-cultural nursing research in cases where health problems of culturally different social groups are investigated (Douglas and Lipson, 2008). Furthermore, cross cultural nursing is claimed to be time wasting and stressful with high risk to stigmatize people because of their beliefs, values or their lifestyle and ignore the uniqueness of each individual (Rajan, 1995). In any case, transcultural nursing can benefit nursing clinical practice, education, research and administration (Maier-Lorentz, 2008).

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