

Perceptions of the impact of culture on delivery of patient care among nursing students at Welwitchia Health Training Centre, Namibia

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Background. Human globalisation has posed numerous challenges to health systems, and healthcare workers often have to care for patients from diverse cultural backgrounds. Multiculturalism has potential implications for the patient in terms of differing cultural values, health beliefs, and communication barriers. It has been noted that these challenges can lead to ineffective care of patients.

Objectives. To describe perceptions of the impact of culture on delivery of patient care among nursing students at Welwitchia Health Training Centre, Windhoek, Namibia.

Methods. Qualitative, exploratory and descriptive study designs were used. A semi-structured interview guide was used to collect data through face-to-face interviews. Thematic analysis was used to generate the content based on research questions and was used to categorise the findings. Data collected were organised and prepared for analysis, with meaningful ideas coded and introduced into topics by related groupings for easy analysis.

Results. It was noted in this study that the culture of patients negatively affects the care they receive from student nurses, mainly owing to cultural diversity and communication barriers. Furthermore, it was noted that culture affects patients' values, beliefs and interpretation of disease.

Conclusion. It is recommended that Welwitchia Health Training Centre should strengthen transcultural training, and that the Ministry of Health and Social Services in Namibia should develop a transcultural nursing policy that promotes and maintains holistic nursing care.

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The phenomenon of human globalisation has resulted in the emergence of a new, culturally diverse social world. Nurses are often at the front line in providing healthcare to the public, which requires the development of competencies that enable them to interact effectively with people from different backgrounds.^[1,2] Traditional nursing education, built on Western values and ideologies, does not necessarily ensure cultural competence in nursing graduates, which may impact on patient care. Cultural competence is one of the greatest challenges nursing faces in the modern world.

A study set in schools of nursing in Canada and Denmark by Limoges *et al.*^[3] showed that the social environment for nursing care must be multicultural, while a review of published research from 1999 to 2005 by Charlton *et al.*^[4] indicated that patient-centred communication improves patient outcomes. Nurses need a deep understanding of cultural diversity owing to its potential impact on nursing care and its overall impact on healthcare. However, many nurses today still work in a healthcare system that is steeped in Western values and ideology.

It remains a challenge for nurses in the USA and other Anglocentric nations to find ways to adapt to different and frequently unfamiliar beliefs, values and lifestyles that have become part of their communities' new social fabric. According to Cohen and Venter,^[5] nursing scholars and doctors in the Western world have identified and clarified the need to deepen their understanding of cultural nursing, but are uncertain about

how to increase their knowledge and abilities to work with racially and socially diverse patient populations. Cultural diversity poses numerous challenges to the healthcare system, and health professionals are required to provide care to patients from diverse backgrounds. Lack of cultural sensitivity and understanding on the part of healthcare workers, and expected and perceived care on the part of patients, are all obstacles. There is evidence that these challenges are directly related to increased levels of psychological distress in minority groups.^[6-9] Nurses and junior nurses often believe that giving care to patients from minority groups impacts on workflow, and use of interpreters is stressful for both patient and nurse, as well as increasing costs and time spent with the patient.^[7,10] Cohen and Venter^[5] noted that in some African countries, it can even be considered unethical and abhorrent for an unmarried woman to nurse an unmarried man. Multiculturalism therefore influences the provision of care in terms of cultural values, norms, myths, health beliefs and practices, language, and health literacy status.

In Namibia, the culture surrounding the delivery of patient care among nursing students is not unique; it is universal. It is believed that cultural competence in nursing promotes the growth and development of nurses while incorporating pertinent societal values. Nevertheless, nursing as a profession has many areas of responsibility, including caring for the sick, providing treatment plans, caring for the patient who is recovering, and many other duties. In Namibia, methods of promoting

cultural competence in nursing among healthcare personnel have been identified, and a number of educational interventions and training programmes have been developed to enhance the understanding and management of sociocultural issues in healthcare settings. This study set out to describe the perceived effect of culture on the provision of patient care among nursing students at Welwitchia Health Training Centre in Windhoek, Namibia.

Methods

This study used a qualitative approach with exploratory and descriptive designs. Data collection took place from 7 to 10 June 2021 at Welwitchia Health Training Centre. A semi-structured interview guide was used to collect data (Appendix 1, available online at <https://www.samedical.org/file/1973>). Section A of the interview guide collected demographic data, while section B focused on perceptions of the influence of culture on delivery of patient care. The interviews were recorded, and the interviewer also wrote down non-verbal clues in a notebook. The participants were purposefully selected, and data saturation was achieved with eight participants, who were all 4th-year nursing students. A thematic method was used for data analysis.^[7]

Ethical considerations

The study was approved by Welwitchia Health Training Centre and the Namibian Ministry of Health and Social Services (ref. no. ANL 2021). The participants were informed about the purpose of the study, and provided signed consent on the basis of their fully understanding this. They were treated equally, no harm was caused to them, and they were informed that they were free to withdraw from the study at any time without fear of any punitive measures.

Results

Sociodemographic information

In this study, data saturation was reached after eight interviews and data collection was then stopped. The participants comprised 5 females and 3 males. The majority of the participants were aged 20 - 29 years, with 4 females and 1 male in this age bracket. The remaining 3 participants were aged 30 - 39 years, of whom 2 were male and 1 was female.

Perceptions on the impact of culture on patient care

In the study, two themes and five subthemes emerged, as shown in Table 1.

Theme 1: Factors influencing nursing care delivery

The study found that there are several factors that influence nursing care delivery, described below as subthemes.

Themes	Subthemes
1. Factors influencing nursing care	1. Cultural diversity
	2. Cultural beliefs, norms and values
	3. Communication barriers (include verbal and non-verbal communication)
	4. Interpretation of illness and disease
2. Recommendations to improve cultural care	1. Cultural competence and sensitivity

Subtheme 1: Cultural diversity

Findings of the study indicated that it is particularly challenging when the patient’s culture and that of the nurse are different, as this may impact on the nursing culture as part of service delivery. This idea poses a problem in nursing practice when the difference is between the nurse’s own culture, the patient’s culture, and the nursing culture.

‘People from different cultures do things differently.’ (P2)

As caregivers, participants sometimes seem to impose their culture on the patient while caring for the patient, without even realising it.

‘... let say a Oshiwambo-speaking person, they would rather speak to someone who speak their language, because they feel like those people understand their culture.’ (P7).

Although in discussing cultural ethnocentrism some participants asserted that their cultural traditions are superior to those of the patients, one participant stated a different viewpoint.

‘... because in our culture, *mos* when you’re speaking with someone, you don’t have to look on his or her eyes.’ (P3)

Subtheme 2: Cultural beliefs, norms and values

Participants caring for the elderly overcame their own cultural norms in order to care for the patient and could, for example, break the taboo of touching an elder’s genitals. Some patients may be offended by this, however, because it goes against their own beliefs and values.

‘... when you’re having sores or STI, Oshiwambo men don’t speak up about that, because it’s like, you are showing weakness.’ (P7)

Subtheme 3: Communication barriers

Most participants indicated that cultural diversity has led to increased communication barriers in nursing practice. Nurses are often unable to communicate effectively with patients if they come from different cultures. Participants indicated that their languages are not the same due to different cultures, and the way they express themselves is different.

‘Our languages are different from each other. Sometimes the patient doesn’t understand what you are saying.’ (P3)

Subtheme 4: Interpretation of sickness

One participant was concerned about patients treating mild illnesses at home, if no one in their family had ever been to the hospital. The participant was concerned about such home treatment, and expressed great fear of misinterpreting the disease.

‘Prior to modern medicine, or modern health practice. So, when a person is having headache, you don’t need to go to the hospital. Yes, all you do, you just boil your water and you steam yourself.’ (P1)

Theme 2: Recommendations for improving culture care

Participants expressed the need for strategies to improve the influence of culture in the way they care for their patients, as follows:

‘Patient charter should also like discuss about cultures and then they should be displayed also around like hospitals at least.’ (P6)

‘We can have more like cultural activities, maybe at school, and then just, well, so that people can learn at school.’ (P8)

‘The way you are doing things, you try to adjust it and also to accommodate the patient’s culture in the care that you are providing.’ (P8)

Subtheme 1: Culture competence and sensitivity

Several participants stressed the importance of nurses learning about and respecting patients' cultural backgrounds when providing treatment.

'It's always good to be, culturally orientated with a, with every culture in your country or surrounding because it gives it gives you an understanding.' (P7)

Discussion

The study found that participants are socialised into their own culture and tradition, which has an effect on their nursing practice. Cultural disparities between participants and their patients lead to difficulty in patient care, moral stress, insufficient communication, and more complex concerns related to nursing dynamics, institutional impediments to healthcare, or implicit bias. The findings of this study support those of Choi and Kim^[11] and Taylor^[6] that the healthcare system's work culture causes ethical uncertainty or moral burden for patients and families.

In some cultures in Namibia, maintaining eye contact during a conversation is offensive and disrespectful. A study by Calma *et al.*^[10] concluded that Namibia has a distinct culture with an incredibly diverse population. This is consistent with the findings of Doran and van de Mortel,^[9] who found that cultural diversity poses a number of challenges, including challenges for health systems. However, healthcare professionals come from diverse cultural backgrounds, and must provide care to patients of cultural backgrounds that may differ from their own. The caregiver must therefore have an understanding of the patient's culture in order to provide appropriate care.

The participants in the present study indicated that cultural beliefs, norms and values influence nurses' and nursing students' patient care. Majda *et al.*^[12] and Torkaman *et al.*^[13] noted that the cultural diversity of patients in healthcare facilities necessitates that nurses and other health professionals improve the quality of their care. In addition, as stated by a number of our participants, the cultures and beliefs of various ethnic groups influence how modern hospitals treat and care for patients.^[14-18]

Our participants highlighted the relationship between cultural diversity and communication barriers that impede the delivery of effective care. As a result, healthcare professionals and patients may have poor relationships. Studies by Karasu *et al.*^[16] and Chu *et al.*^[19] also reported that communication is affected by cultural differences, poor health literacy, language differences, and other factors. Communication is vital for effective health promotion when caregivers provide physical care and emotional support, and share information with patients and their families.^[20] Some of our participants emphasised that language problems can hinder the delivery of timely and effective care.

In the present study, the participants indicated that patients' interpretation of illness and disease could make them increasingly reluctant to visit hospitals and receive treatment, reflecting the fact that many people in Africa continue to believe in natural healing and treatment approaches.^[19]

Importantly, Charlton *et al.*^[4] noted that culture-specific care improves patient outcomes. To comprehend cross-culturally ethical care, it is vital to understand diseases and their significance to people. Similarly, Vandenberg and Kalischuk^[21] and Üzar Özçetin *et al.*^[22] stress that it is the obligation of nurses to provide comprehensive and individualised healthcare to patients of all races. According to Üzar Özçetin *et al.*,^[22] it is essential to understand the cultural connection between the family and

the individual in order to provide care without compromising the family's beliefs. It has also been noted that it is important to employ emotional strategies that allow the caregiver and patient to gain mutual benefit.

Study limitations

The study used a qualitative method with a small sample size, so the results have limited application to other nursing training institutions in Namibia. A mixed method of collecting data from both 4th-year students and patients would be appropriate in terms of giving a more detailed explanation of the phenomenon. However, time is a limiting factor. Since Welwitchia Health Training Centre lacks students from certain cultures and the number of students varies, the study did not represent all cultures equally.

Conclusion

The study suggests that Welwitchia Health Training Centre's curriculum should include in-depth transcultural simulation training on the influences of culture on patient care and ways to mitigate it, so that students may deliver complete transcultural patient care. It is important to introduce a cultural day to teach students about different cultures.

The Ministry of Health and Social Affairs can offer all new employees lessons on transcultural nursing during the orientation and induction programmes, and its holistic nursing programme can also be part of the in-service training. The study recommends a future course with equal representation of students from different cultures. It is also suggested that data from patients in hospital settings would be helpful.

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