Cultural Sensitivity & Culturally Diverse Families Involved in the Deceased Donation Process

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Potential Conflicts of Interest Disclosure

• I do not have and I have not in the past two years, an affiliation with / or financial interest of any nature in a business corporation

• I did not receive remuneration, royalties or research grants from a business corporation
Assessing Cultural Sensitivity
Objectives

• Relevance

• Literature Review

• Defining Culture

• Reasonable Accommodation vs. Personalization of Care

• Expert Panel on Global Nursing and Health
  – Leininger’s theory of Culture Care Diversity and Universality

• Integrating Cultural Congruent Care
Relevance

• 20.6% of the Canadian population immigrated from other countries

• Asia and the Middle-East are the largest sources of immigration

• 19.1% of the population identify themselves as a visible minority

• Majority of immigrants reside in
  – Toronto, Ontario
  – Vancouver, British Columbia
  – Montreal, Quebec
Relevance con’t

• Canada has over 4100 people actively waiting for an organ transplant

• Quebec has 850 people on the organ transplant wait list

• In Montreal, the mother tongue of 11.7% of the population is Arabic, Spanish, Italian, Creole, Chinese, Greek, Portuguese, Romanian, Vietnamese, and Russian
Relevance con’t

• 33% of Montreal’s inhabitants are members of an ethnocultural community

• Over 200 ethnicities live within Greater Montreal

• Almost 40% of MUHC referrals involve patients who are members of an ethnocultural community

• At the MUHC ethnocultural family decision-making is influenced by personal values, cultural and spiritual beliefs, lack of knowledge and pre-mortem discussion on OTD, body integrity concerns, interference with end of life rituals, and misconceptions
Defining Culture

“The learned, shared, and transmitted knowledge of values, beliefs, norms, and lifeways of a particular group of people that guides an individual or group in their thinking, decisions, and actions in patterned ways”

Leininger, 1995, p. 60
Literature Review

Nurses’ perception of organ & tissue donation (OTD)

- Complexity of looking after a donor and family members increases level of stress

- Lack of transcultural nursing knowledge impacts willingness to modify nursing care to meet patient and family needs
Literature Review con’t

• Demonstrates need for good communication skills and a knowledge of different ethnocultural end of life rituals, values, and beliefs

• Nurses who are aware of their own cultural biases and beliefs are more likely to develop a care plan that reflects ethnocultural family needs
Family needs and OTD

- The dying process creates intense emotions
- Difficulty accepting a diagnosis of neurological death and making a decision about OTD
- Appreciate an individualized approach to care; conveys nursing care is not just about procuring body parts
- Need support coping with a difficult situation, and want to make the right decision
## Describing Families

### Negative Language
- Demanding
- Controlling
- Angry
- Passive, indifferent, non-participatory
- Non-compliant

### Positive Language
- Strong advocate
- Actively involved, aware of own needs
- Concerned, worried
- May need more time
- Has different priorities
Reasonable Accommodation vs. Personalization of Care
Social Context

- The feeling there is an increase in special requests in healthcare from members of ethnocultural communities

- Frequent questions regarding the care provider – patient / family relationship and their rights

- Intercultural questions are judged as «difficult patient / family»

- Bouchard-Taylor Commission
Reasonable Accommodation

- Judicial term used in Canadian multiculturalism politics
- Notion of equality and prohibition of discrimination
- Obligation to come to an agreement to end racial discrimination
Personalization of Care

• Recognition of a person and family’s uniqueness

• Foster autonomy, dignity, confidence, and satisfaction with care

• Permits care to be adapted for ethnocultural community members who could be members of our vulnerable and at risk populations
Personalization of Care con’t

DOES NOT MEAN to give in to all of the family’s demands

BUT RATHER

To open a dialogue to reflect and to exchange thoughts to find satisfactory solutions for the people involved
Integration of Personalized Care

• Recognize others might have a different understanding of health, illness, and death
• Facilitate a discussion on the family’s values, beliefs, and rituals
• Explore how cultural and religious practices could be integrated or adapted to the constraints of the unit / institution
• Incorporate the information / decisions in to the care plan
• Involve family members in the search for solutions
Established Boundaries

- Deontology – Standards of practice
- Security, hygiene, infection control
- Undue costs (financial and human resources)
- Requests cannot infringe on the right and liberties of other people
Expert Panel on Global Nursing & Health
Promotion of Transcultural Nursing

A 2010 Task Force that developed a set of standards for cultural competence.

One of the standards focuses on the importance of cultural knowledge and the need to create resources for nurses containing specific information on commonly cared for ethnocultural communities.
Leininger’s Theory of Culture Care Diversity and Universality

• Based in anthropology and nursing

• Prepares nurses to provide culturally congruent care by safeguarding cultural values, accommodating beliefs, and restructuring cultural viewpoints so that care becomes relevant within a family’s frame of reference

• Fosters a therapeutic nurse-family relationship
A Family Cultural Assessment

• Want to facilitate the creation of meaning and context for patients and families throughout the OTD experience

• Information gathered from the cultural assessment is used to identify a family’s unique needs that may impact the OTD process and to develop tailored interventions that reflect culturally congruent care

• Assessment is on-going

• Based on Leininger's Sunrise Enabler Model
Sunrise Enabler Model

Composed of seven factors:

• Kinship & Social
  – Family composition
  – Description of cultural background
  – Decision-making structure
  – Spoken languages
  – Family end of life rituals

• Religious & Philosophical
  – Family views and / or cultural influences on spiritual beliefs, religious affiliations, and death
Sunrise Enabler Model (con’t)

• Technological
  – The machines and equipment used in the care of the potential donor
  – Family computer literacy (find information, communicate with family and friends)

• Cultural Values, Beliefs, & Lifeways
  – Knowledge of OTD
  – Perception of medical professionals
  – Health and illness practices
Sunrise Enabler Model (con’t)

- Political & Legal
  - Political and social affiliations / beliefs
  - Perception of legal documents
  - Immigration status

- Economic (socioeconomic status)
  - Financial resources
  - Family support
  - Community support
  - Work place support

- Educational
  - Level of completed education
Ethnocultural Family Assessment Checklist

Family
- Identification of key family members
- Family values, beliefs and social needs explored
- Presence of children at the bedside
- Language spoken with healthcare professionals
- Language spoken by family and need for an interpreter
- Bedside technology explained
- Understanding of neurological death verified
- Religious / spiritual needs explored
- Integration of end of life rituals
- Need for Social Worker consultation explored
- Reflects understanding of OTD process

Nursing
- Consulted with team members to gather information on the family
- Identified personal / professional strengths and challenges that could affect culture congruent care
- Verified family’s knowledge and understanding of OTD, and explained OTD process terms and concepts in simple language
- Care plan updated to reflect family needs, values and beliefs
- Unit contact information given to family members
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Case Study

Maria is a 24 year old Brazilian-Canadian who was celebrating her university graduation with friends and Canadian boyfriend of three years.

She was hit by a car while crossing the road and suffered a non-survivable TBI.

Her GCS is 5T.
Case Study

• The family immigrated to Quebec when the father accepted a promotion
• Maria and her three siblings were less than ten years of age at the time of the move
• Mom does not work outside the home
• Maria is the eldest and lives at home with her family
• Practicing Catholic
Case Study

• Maria’s condition continues to deteriorate. Thirty-six hours post-accident she meets the criteria for neurological death.

• You notice the back of her Medicare card is signed, providing consent for organ and tissue donation

• The parents agree to meet with the nurse clinician for OTD to explore this end of life option
Interventions

• Based on gathered patient and family information

• The information is categorized per type of culture care

• The results create an individualized plan of care to promote culturally congruent nursing care
Type of Culture Care

- **Integration**: Actions and decisions to retain, preserve or maintain beneficial care beliefs and values

- **Accommodation / Negotiation**: Creative actions and decisions that help families adapt to or negotiate with others for culturally congruent, safe and effective care

- **Restructuring Cultural Viewpoints**: Collaborative actions and decisions to help families and/or institutions change, modify or restructure their habits for beneficial health care practices
Take Home Messages

• Learn how to facilitate a dialogue with a diversified clientele to gather information on the values, beliefs, and lived experiences

• The majority of cultures and religions support donation. This option **MUST** be offered to the family of eligible potential donors.

• Breaking down barriers means families are offered the opportunity to make a decision that best reflects the deceased’s values and beliefs, as well as their own

• Many families feel donation brings meaning to the death of a loved one
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• Maroudy, D. (2008). Organ procurement: Proposals for approaching the family of the deceased. Organs, Tissues and Cells, 3, 187-195. Retrieved from http://www.editricecompositori.it/flex/FixedPages/Common/OrgansArticolo.phpL-EN% D/274/BL/aHR0cDovL3d3dy5iZGl0cmllZWNvbXBvc2l0b3JpLml0L2ZsZXgRm1AZWR QYWdc9Db21tb24vT3JnYW5zQXJ0aWNvbG8ucGhwL0wvRU4vSURLLzIwNg%3D


