Oncology Palliative Nursing Care: Transcultural Considerations

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What is Palliative Care?

- Palliative care is an approach that can improve the quality of life of patients, and their families facing problems associated with life-threatening illnesses, through the prevention and relief of suffering by means of early identification, assessment, and treatment of physical, psychosocial, and spiritual issues.
  (WHO 2011)

- Palliative care takes into account the person's emotional, physical, and spiritual needs and goals — as well as the needs of his or her family.
- Palliative care doesn't replace primary medical treatment. Instead, palliative care is provided in conjunction with all other medical treatment.

The Importance of Palliative Care

- The introduction of palliative care early in the treatment process, even at initial diagnosis, can improve the quality of life, and symptom management of cancer patients, or any patient that has serious, or life threatening illness.
- Nurses are the front line of all patient care. Nurses can use palliative care to address the global needs of their patients. The needs can be related to the values, belief, and preferences of the patient, and the family.
Palliative care can improve communication, continuity of care, and patient outcomes during the entire course of the illness.

Palliative care can help coordinate treatment, disseminate educational material, and improve patient satisfaction.

Palliative care may be a good option for someone with a serious illness who needs help:
- Managing pain or other symptoms
- Understanding and coping with his or her condition
- Navigating the health care system

Additionally, palliative care can be provided throughout treatment for a serious illness — whether you or your loved one is being treated on an outpatient basis or in a hospital or a nursing home. This type of treatment can be provided by various specialists, including doctors, nurses, social workers, psychologists, counselors, chaplains, registered dietitians, pharmacists and rehabilitation specialists.

A palliative care specialist can also help you or your loved one communicate with doctors and family members and create a smooth transition between inpatient and outpatient healthcare facilities. The palliative care team will educate you and your family members about what to expect and schedule routine meetings to discuss ongoing care throughout the course of your illness.

Eight domains of palliative care:
1. Structure and processes of care
2. Physical aspects of care
3. Psychosocial and psychiatric aspects of care
4. Social aspects of care
5. Spiritual, religious, and existential aspects of care
6. Cultural aspects of care
7. Care of the imminently dying patient
8. Ethical and legal aspects of care

NCP Clinical Practice Guidelines for Quality Palliative Care (2009)
The fundamental elements of palliative care maintain the following:

1. Pain and symptom control, psychosocial distress, spiritual issues, and practical needs are systematically addressed with the patient and family throughout the continuum of care. If present, any conditions are treated based upon current evidence and with consideration of cultural aspects of care.

2. Patients and families acquire ongoing information in a culturally sensitive, appropriate, and understandable manner to facilitate the comprehension of the condition and realistic potential of treatment options. In the process, values, preferences, goals, and beliefs are elicited over time. The benefit and burdens of treatment are regularly reassessed, and the decision-making process about the care plan is sensitive to changes in the patient’s condition.

3. Genuine coordination of care across settings is ensured through regular and high-quality communication between providers at times of transition or changing needs and through effective continuity of care and case management.

Patient Populations Served
- Children and adults with congenital injuries or conditions leading to dependence on life-sustaining treatments and/or long-term care with support by others with the activities of daily living.
- People of any age with acute, serious, and life-threatening illnesses (such as severe trauma, leukemia, or acute stroke), where cure or reversibility is a realistic goal, but the conditions themselves and their treatments pose significant burdens and result in poor quality of life.
- People living with progressive chronic conditions (such as peripheral vascular disease, malignancies, chronic renal or liver failure, stroke with significant functional impairment, advanced heart or lung disease, frailty, neurodegenerative disorders, and dementia).
- People living with chronic and life-limiting injuries from accidents or other forms of trauma.
- Seriously and terminally ill patients (such as people living with end-stage dementia, terminal cancer, or severe disabling stroke), who are unlikely to recover or stabilize and for whom intensive palliative care is the predominant focus and goal of care for the remainder of their lives.

Equitable access:
- Palliative care teams should work toward equitable access to palliative care across all ages and patient populations, all diagnostic categories, all healthcare settings including rural communities, and regardless of race, ethnicity, sexual preference, or ability to pay.
Quality assessment and performance improvement:

- Palliative care services should be committed to the pursuit of excellence and high quality of care. Determination of quality requires the development, implementation, and maintenance of an effective quality assessment and performance improvement program. This requires regular and systematic assessment and evaluation of the processes of care and measurement of outcomes using validated instruments for data collection.

Cultural Considerations in Palliative Care

- Culture defined – learned, shared and transmitted values, beliefs, norms and life ways of a particular group that guide their thinking, decisions, actions in patterned ways. Culture is shaped over time in a dynamic system in which beliefs, values, and lifestyle patterns pass from one generation to another. (Leininger, 1994).
- Culture goes beyond race and ethnicity
- This definition of culture is multidimensional, encompassing such components as gender, age, differing abilities, sexual orientation, religion, and socioeconomic factors.
- Each component plays a role in shaping an individual's response to life, serious illness, and death.

Cultural considerations (con’t)

- As the United States becomes increasingly diverse, the range of beliefs, teachings, norms, customs, and languages, challenges the nurse to understand and respond to a wide variety of perspectives.
- Nurses must be aware of how their own cultural beliefs and norms shape their professional practice and differ from the beliefs and norms of the patients and families they care for.
- Quality palliative care requires attention to patient and family cultural values, practices, and beliefs.
- A multidimensional assessment of an individual and family's culture is essential to providing quality palliative care.
- Culture is a source of resilience for patients and families and plays an important role in the provision of palliative care.

Cultural assessment

- Cultural assessment involves questions that necessitate the development of a trusting relationship
- Using the skill of presence and active listening is more beneficial than using a standardize checklist
- Simple inquiries into the patient and family practices and beliefs can assist the nurse in understanding needs and goals.
- Asking the patient and/or family to tell you about themselves and listening to those narratives is powerful.
- The patient and/or family often give clues that trigger important questions to ask to help clarify needs and goals.
Striving for cultural competence

- Cultural competence refers to a dynamic, fluid, continuous process of awareness, knowledge, skill, interaction, and sensitivity when dealing with people.
- Nurses value the importance of being culturally sensitive and striving for cultural competence.
- This sensitivity and competence is critical when working with patients who are experiencing a serious or life threatening illness.
- Cultural competence is an ongoing process, not an endpoint or something that can be mastered.
- Integrating cultural considerations into palliative care requires first and foremost, awareness of how one’s owns values, practices, and beliefs influence care.

Striving for competence (con’t)

- Because culture is a dynamic concept, it is important to reassess one’s own belief on a regular basis, reflecting on belief that may have changed with increasing knowledge and cultural encounters.
- Cultural awareness challenges the nurse to look beyond his or her ethnocentric view of the world, asking the question “How are my values, beliefs, and practices different from those of the patient and family?” rather than “How is the patient and family different from me?”
Thank you!       Questions?

References