

## ORGANIZATIONAL FACTORS AFFECTING THE IMPLEMENTATION OF CULTURALLY SENSITIVE CARE IN PEDIATRIC NURSING IN IRAN: A QUALITATIVE STUDY

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### ABSTRACT

**Background:** Iran is a country comprised of a multitude of ethnicities, languages and cultures, making the provision of culturally sensitive care challenging for the pediatric nurse. The aim of this study was to explore organizational factors that influence the implementation of culturally sensitive care in pediatric nursing in Iran.

**Materials:** This qualitative study employed Graneheim and Lundman's (2004) conventional content analysis. Data were collected through interviews and field notes from 25 nurses from three pediatric referral centers in Tabriz and Tehran.

**Results:** Three organizational factors emerged: "Providing cultural facilities", "Prerequisites for the operationalization of culturally sensitive care" and "Providing Motivation." These factors affected the implementation of culturally sensitive care in pediatric nursing. Developing child/family privacy, providing equipment, making changes in existing laws and regulations, defining enforceable policy, and reducing the nurses' workload facilitated culturally sensitive nursing care. Providing financial incentives to encourage nurses, considering quality of nursing care in the annual evaluation, valuing the work of nurses and supporting them facilitated implementation of culturally sensitive care.

**Conclusion:** Modification of physical space to provide privacy, supplying resources including equipment, and establishing policy changes regarding culturally sensitive care is warranted. Providing cultural nursing education in both academic curriculum and in continuing education staff development is recommended.

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### Introduction

Cultural sensitivity is essential to care of diverse populations, because culture deeply affects one's understanding of health care [1] and its quality [2]. Culture refers to values, beliefs, norms, and lifestyles which are learned by people and affect their thoughts, decisions and behaviors [3]. Cultural sensitivity is the use of knowledge about ethnicities, religions, and diverse cultures to attempt to understand other individuals and tailor one's response to them [4]. Cultural sensitivity is defined as "employing one's knowledge, consideration, understanding, respect, and tailoring after realizing awareness of self and others". Understanding and respecting cultural differences can lead to culturally appropriate interventions to establish effective communication, interventions, and increase the satisfaction in diverse group or individual [5]. Tucker et al. introduced patient-

centered, culturally-sensitive care as the best practical approach to increase adherence to treatment and improve health outcomes [6], enabling the patient to feel comfortable, respected and trusted in the process of receiving care [7].

Valizadeh et al. explained culturally sensitive nursing care in the context of pediatric settings. They mentioned three key features of care: cultural exposure, intercultural communication, and adaptation of care to the culture of the family. Nurses identify and understand family values with cultural manifestations, and respect their cultural beliefs. By using a combination of verbal and nonverbal communication, nurses achieve a common understanding with the family. Eventually, by moderating harmful cultural demands, the nurse provides care appropriate to the children/families' culture in relation to the hospitalized child [8]. The provision of culturally sensitive care in pediatric wards prevents misunderstandings and improves nurse-child/parent communication, leading to justice-based care, reduced parental stress, safe care, and children/family satisfaction [9].

### **HEALTHCARE IN IRAN**

Iran is a country with profound cultural diversity [10]. People from different ethnicities (Persian, Turk, Kurd, Lor, Arab, Baluch, Turkmen, Mazeni, Gilak and Talesh) and religions (Shiite, Sunni, Zoroastrian and Christian,...) live together [11]. On the other hand, providing care to the patients from the neighboring countries of Iran such as Iraq and Azerbaijan as well as the development of health tourism [12] have led to further confrontation between Iranian nurses and culturally diverse groups. Despite cultural diversity among the health care clients and the numerous benefits of culturally sensitive care in pediatric nursing, culture-oriented care is less present in the curriculum of nursing education and health care organizations of Iran [13]. Additionally, inadequate staff development has been provided in this area [14]. As nurses comprise the largest sector of the healthcare workforce, addressing the educational needs of nurses is likely to impact job satisfaction and quality of care. According to the patient's rights charter in Iran, health services must be provided with respect for the individuals' values and cultural and religious beliefs, regardless of ethnicity, culture or religion [15]. By educating nurses about culturally sensitive care, patient/family outcomes are likely to improve [9].

Health care systems play an important role in the provision of appropriate care to culture, reducing race-ethnicity inequalities and providing services tailored to the patient [16]. Providing the necessary structure and resources to enable nurses to practice culturally sensitive care should be set as a priority in any organization [17]. Planning for the recruitment and retention of interested staff members, using interpreters or translation software, training the skills to provide culturally appropriate care, and making use of the facilities for learning clients' language and culture are regarded as the most important interventions at the enterprise level for culture-oriented care [17, 18].

Research regarding the facilitators and barriers to the provision of culturally sensitive pediatric nursing care in Iran is scant. Further, knowledge about the role of the healthcare organization in the provision of culturally sensitive care in Iran was not located. This information is needed to improve nursing care, improve patient/family outcomes, and guide policy development. Therefore, the purpose of this study was to explore the organizational factors that influence the implementation of culturally sensitive care in pediatric nursing in Iran.

### **2- MATERIALS AND METHODS**

The study was performed using a qualitative design employing a conventional content analysis [19]. The study participants included the nurses who having Bachelor degree and had working experience with diverse families in pediatric wards (internal, surgical, NICU, PICU, oncology, neonatal wards) for more than two years. Twenty-five nurses were recruited among three pediatric hospitals in Iran.

The researcher (P.A.) found participant of different races/ethnicity by requesting assistance from the nursing service offices. Participants were explained the aim of the study and asked about their willingness to participate in study. Purposeful sampling was used first among the volunteers and was furthered with maximum variation sampling (in terms of gender, age, education, race, and work experience). Data were collected using semi-structured and in-depth individual interviews from July 2015 to March 2016. All interviews were recorded by audiotape in a private room in the ward. Twenty-nine interviews (4 second interviews) were performed averaging 45 minutes in length. We started with a semi-structured interview with 2 general questions, and then gradually asked more specific questions in relation to the study. For instance, we asked nurses:

- What factors compel you to do your caring with cultural sensitivity?
- How can the hospital managers facilitate implementation of culturally sensitive care?

The researcher prompted elaboration with follow-up questions. Interviews were continued until data saturation occurred. Ethical approval was obtained from ethical committee of Tabriz University of Medical Science (ethics code: 1394.168). Participants were verbally informed about the aim of the study and gave permission to record the interviews. Further, participants completed a written, informed consent.

To analyze the data, we performed a conventional content analysis as described by Graneheim and Lundman [19]. The interviews were recorded and transcribed word for word by the researchers. The transcripts were read repeatedly to obtain a full understanding of the data. Words, sentences, and paragraphs were considered as units of meaning and were condensed according to their content and context. The condensed meaning units were extracted and labeled with codes. The codes were then sorted into subcategories and categories based on comparisons regarding their similarities and differences. Discussion about the process of coding and categorization of the data frequently continued with all of the researchers involved until consensus was achieved. The data were analyzed using the MAXQDA™ 10 software.

Member checking (with five participants) and external checking (with 2 qualified researchers) was performed to determine accuracy of data and to ensure credibility of the findings. Portions of interviews, in text form, were sent to an expert researcher in qualitative research in pediatric care. The agreement between the external coders with the lead researcher's codes was measured using Holsti's method [20] averaging 80%.

### 3-FINDINGS

Twenty-three of the nurses participating in the study were female and 2 were male. Nineteen of them held a Bachelor's degree, and their work experiences in pediatric wards ranged from 2-26 years. Three of them were head nurses. The demographic characteristics of the participants are detailed in Table 1.

The analysis of the nurses' experience of the organizational factors affecting the implementation of cultural sensitivity care led to the appearance of three categories: providing cultural facilities, prerequisites for the operationalization of the culturally sensitive care and providing motivation (Table 2).

**3-1. Providing cultural facilities:** Providing the necessary facilities is one of the organizational factors affecting the implementation of culturally sensitive care. Providing adequate facilities requires creating privacy, meeting cultural and religious needs, and eliminating language barriers.

**3-1-1. Creating privacy:** Respecting cultures, values, and giving care in a private environment that would calm the child/family were essential to providing culturally sensitive care for sick children. Lack of space and equipment led nurses to overlook the child/families' culture in the care. A nurse said:

"Each room is for four patients. We do not have any separate procedure rooms to work in the ward. Our procedure room is a part of the station. When a patient is referred for catheterization, you can see that on one side of the room, the doctor is sitting and writing medication orders, and in the other side, a nurse writes report! These are the issues that should be dealt with, as the patients and the mothers do not feel uncomfortable " (Nurse 19).

Another participant said: "It is necessary to demand a quiet environment to Kangaroo Mother Care (KMC), ...., it is very hard for fathers and mothers, because we do not provide them a private room" (Nurse 15).

Another nurse said: "The least that can be done is to separate the rooms with a screen or curtain between the patients, until the mothers feel comfortable while taking rests or breastfeeding. Unfortunately, we do not have access to those things" (Nurse 16).

**3-1-2. Meeting cultural-religious needs:** The nurses expressed that the lack of facilities for patients from minority groups decreased culturally sensitive care. The presence of different religious followers, raised the need to consider and provide for the conditions of religious duties. The lack of resources was a barrier to feeling comfortable and belonging in the environment. A nurse said:

"If conditions are provided for the children/parents to worship, e.g. a separate place for ablution and a mosque, it will be much better; especially for the parents who are obliged to fulfill religious principles. It is hard for them to perform ablution and wash their feet in restroom, where coming and going is so much" (Nurse 23).

**3-1-3. Eliminating language barriers:** The ability to communicate with children/parents who speak different languages and dialects was difficult. To resolve this problem in Iranian health care centers, it was necessary to employ some interpreters and software to facilitate nurse-patient/family communication and improve the nurses' ability to manage culturally sensitive care. A nurse noted:

"We asked hospital managers to bring some interpreters who are familiar with different languages or language translation software in order to help the communication with children/family speaking in different languages, but so far no action was taken in this regard" (Nurse 22).

**3-2. Prerequisites for operationalization of the culturally sensitive care:** These factors are the identified main factors to the implementation of culturally sensitive care.

**3-2-1. Making a change in the existing regulations:** Lack of clear policies for the implementation of culturally sensitive care was mentioned as a barrier by the majority of nurses. Clarification of the policy about culturally sensitive care was required of the organization managers. A nurse said:

"There is no certain guideline regarding this area [the implementation of culturally sensitive care]" (Nurse 8).

Another nurse noted: "We follow guidelines in our work. This [culturally sensitive care] should have a specific policy as well. If so, working will be easier. It must be highlighted as a task and included in the annual assessment of the nurses" (Nurse 5).

**3-2-2. Making modification to staffing standards:** The disproportionate ratio of nurses to patients, the excessive number of patients, workload, and work pressure caused the nurses to miss the opportunity to fully understand the culture, attitudes, feelings, and needs of the patients. A nurse said:

"The work pressure is too high, the number of patients for a nurse is a lot. I must take care of 13 to14 patients in a shift. If a nurse can't finish her work until the end of the shift, her first priority will be her work, not understanding the culture of the patients" (nurse 4).

**3-2-3. Offering training courses:** The educational content of the Baccalaureate nursing curriculum did not have content about culturally sensitive care. Additionally, inadequate staff development training was provided in the area. From the nurses' perspectives, the nurses strongly suggested that organizations offer comprehensive and ongoing training in cultural sensitivity. A nurse said:

"Notifying nurses, training patients' cultures to the nurses, and mentioning the importance of patient/family's cultures are required to give culturally appropriate care to the patient" (Nurse 20).

**3-3. Motivating:** Another factor that increased cooperation and involvement of nurses in providing culturally sensitive care was motivation through rewarding them commensurate with the role as well as providing them with support.

**3-3-1. Rewarding commensurate with the role of nurses:** The nurses believe that their wages and rewards are fairly commensurate with their role. They stated that an increase in their salary and encouragement by managers to give comprehensive care to patients would lead to job satisfaction, organizational development and an increased commitment to the implementation of the culturally sensitive care. Economic factors, such as the payment of cash, salary increase, improved scores on one's annual evaluation, and equality in granting concessions are elements that played an important role in creating job satisfaction and organizational development. A nurse said:

"In some cases, for example, offering an annual written encouragement for the nurse who cares much about her patient's culture, can make us pay better attention to the patient's culture. Cash payment would be much better for some. When we teach as mentors, we receive written encouragement that is considered 4 points in our evaluation and increases our scores. When one does her best, she deserves to get the result. I think these four scores are important. The venipuncture (IV) therapy group is given 2 more scores as their incentives. This year, I was not given that, so I was very sad that my right was ignored" (Nurse 2).

**3-3-2. Supporting nurses:** Respecting and valuing nurses' work as well as improving their working conditions create incentives for nurses to understand and respect the patient/family's culture. One nurse said: "Some time ago, when I was working as a supervisor, a 5-day old baby had died. His father said that if he waited until the following day to settle his account, his family would get the news of his child's death. Then, according to their custom, all his families and relatives, from the young to the elders, might come to the courtyard of the hospital from the rural area and begin to mourn, and then, they might get everyone into trouble. He begged me to permit the baby's corpse to be discharged at night. Since I was already familiar with their tradition, I gave my permission after asking him a part of the payment. My problems began the next morning as to why I had given the permission and so on. No one accepted that after the funeral, the father would come back to settle his account. Overall, I was in real trouble, and I was even rebuked for that, and no one backed me up" (Nurse 9).

#### 4- DISCUSSION

This study was carried out to explore the factors affecting the implementation of culturally sensitive care in pediatric nursing in Iran. The findings suggested that the provision of cultural facilities, operationalization of culturally sensitive care, and providing motivation are three elements that affect the implementation of culturally sensitive care. This information may be used to inform and influence policy changes in at the organizational level. Creating privacy, allocating enough space for every patient, supplying equipment and providing effective communication through interpreters and translation software are necessary to facilitate the delivery of culturally sensitive care. Health care organizations are responsible for establishing the basic infrastructure to provide culturally congruent care and providing the structure and resources to assess and meet the cultural and linguistic needs of diverse clients, and its principles should be reflected in the organizational mission, vision and values [17]. In providing culturally sensitive care, nurses should be able to modify the environment in order to make the patient feel comfortable and feel like it belongs to him/her [21].

The individual right to privacy is one of the basic rights of human beings, and when respected by nurses [22], it results in better physical, mental, emotional and spiritual outcomes [23]. It is important to note that the concept of privacy depends on one's culture [24]. Heidari et al., considered that the lack of physical space and the lack of allocation of separate wards for men and women are barriers to patient privacy, insisting that religious-oriented ruling in Iranian society has an effect on decision-making about treatment, and that non-compliance with patient privacy leads to patient complaints, protests, non-compliance, and treatment delays [25]. Similar to Marrone's research, gender considerations, respecting personal privacy, human dignity and performing religious rituals by American nurses were the most important themes of culture-centered care in Arab Muslim patients [26].

The operationalization of culturally sensitive care is another factor that affects culturally sensitive care. Making changes in existing regulations, defining the administrative policies, improving the nurse-to-patient ratio, reducing the nurses' workload and pressure along with maintaining the quality of care facilitate the implementation of culture-based care. Cultural diversity is regarded as a challenge for many organizations, including health care organizations [26]. However, despite the high prevalence of cultural diversity in Iran, cultural competency has not been a main goal in the health sciences professions [27]. As Iranian nurses do not receive education in this regard in their schooling or in the hospitals, the addition of this training is warranted [14]. Similar to previous research, it is reported that this training is also neglected in other countries such as Italy and Turkey [28, 29], so that when caring for patients from different cultures, the nurses experience great difficulty [30]. To empower patients through culturally sensitive care, training and feedback from patients and caregivers is essential.

The allocation of funds for the implementation of culturally appropriate care, such as hiring interpreters and staffing, adding signs to different languages, producing educational materials for multilingual patients, and operationalizing standards of care associated with cultural competence are of the responsibilities of health care organizations. It is also necessary to run cultural-oriented training programs and in-service training for care providers annually [17]. The results of this study indicate that offering additional incentives to encourage nurses, assessing the nurses on the basis of the quality of the care they give,

appreciating the true value of the work of nurses, and supporting them can be linked to the implementation of culturally sensitive care. Motivation is the reason that strengthens a person's behavior and guides him/her to reach their goals [31]. Including cultural care requirements in job descriptions as measures of performance and promotion should be an operational standard of the care with cultural competence [17]. The results of studies show that the most important motivational factors among nurses include the following: benefits and adequate bonuses, valuing the nursing profession, praising the efforts of nurses, establishing respectful relationships with them, and having support from leadership [32-35]. Nurses who are motivated and satisfied are better prepared to perform patient care, collaborate with the health care team, and provide quality care [33].

**4-1. Limitations of the study**

This study was limited in several ways. The research questions posed to participants may have carried a subtle influence toward social desirability to answer in favor of culturally sensitive care. Further, the researchers possessed expertise in culturally sensitive care which may have influenced the interpretation of data. The researchers attempted to bracket out personal feelings and interpret the data objectively. To improve the trustworthiness of the data, member checking was conducted; however, only with five participants. However, the audiorecording and transcription of the interviews served as a strength to obtain rich data.

**4.2. Recommendations**

The current research was based on the experiences of nurses working in children's wards in Iran. Therefore, it is suggested that the factors affecting the implementation of culturally sensitive care be studied from the family and adult patient perspective. Finally, to assess the care promotion of culturally sensitive care and its outcomes, it is essential to design an appropriate tool for assessing care with cultural sensitivity and its consequences, according to cultural and social context and perceptions.

**5- CONCLUSION**

This study suggested that changes are required in the health care systems of Iran to improve the provision of culturally sensitive care in the pediatric setting. Iran is one of the countries with ethnic, cultural, linguistic and religious diversity. Nurses and families face challenges daily that are likely to impact the quality and safety of care. From the lack of resources and ability to provide privacy to the lack of policy, there is opportunity for improvement to provide patient and family-centered care. With cultural sensitivity training for nurses – both early in nursing education and in continuous staff development - it is likely that child and family outcomes will more improve.

**6- CONFLICT OF INTEREST: None.**

**7- ACKNOWLEDGMENTS**

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**Table-1:** Demographic variables of nurses who participated in research

| Variables              |                      | Number | Variables          |               | Number       |
|------------------------|----------------------|--------|--------------------|---------------|--------------|
| Gender                 | Female               | 23     | Ethnicity          | Fars          | 5            |
|                        | Male                 | 2      |                    | Azerbaijani   | 11           |
| Age (year)             | 25-35                | 9      |                    | Kurdish       | 2            |
|                        | 35-45                | 13     |                    | Luri          | 1            |
|                        | > 45                 | 3      |                    | Mazani        | 2            |
| Education              | Bachelor's           | 19     |                    | Gilak         | 1            |
|                        | Master's degree      | 6      |                    | Taleshi       | 1            |
| Work experience (year) | 2-10 years           | 9      |                    | Arab          | 1            |
|                        | 11-21 years          | 13     |                    | Baloch        | 1            |
|                        | Higher than 20 years | 3      |                    | Working shift | Steady shift |
|                        |                      |        | Circulating shifts |               | 20           |

**Table-2:** Emerged categories and subcategories

| Concept | Category | Sub-Category |
|---------|----------|--------------|
|---------|----------|--------------|

|   |  |  |
|---|--|--|
| Organizational factors influencing the implementation of culturally sensitive care in pediatric nursing | Providing cultural facilities  | Creating privacy                               |
|   |  | Meeting cultural-religious needs               |
|   |  | Eliminating language barriers                  |
|   | Prerequisites for the operationalization of culturally sensitive care: | Making changes in the existing regulations     |
|   |  | Making modifications to staffing standards     |
|   |  | Offering training courses                      |
|   | Providing motivation   | Rewarding commensurate with the role of nurses |
|   |  | Supporting nurses                              |

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