FROM COMPETENCE TO RESPONSE: A BINATIONAL SURVEY EXAMINING CULTURALLY RESPONSIVE HAEMODIALYSIS CARE

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Background

- Patients with diverse cultural characteristics
- Unique cultural care needs and preferences
- Unable to express their needs and preferences
- One size fits all
- Inequities in care



Photo source: https://electronicintifada.net/content/services-cut-bone-rafah hospital/45266

Background

Cultural competence

- Awareness and sensitivity to cultural diversity (Doorenbos et al., 2005)
- Understanding and respecting cultural values (Minnican & O'Toole, 2020)

Cultural responsiveness

- Moving beyond awareness to action (Aryal et al., 2024)
- Accommodating needs and preferences
- Adapting care accordingly

Methods

Aim: Examine haemodialysis nurses' cultural competence and responsiveness.

Inclusion criteria

- Haemodialysis nurses from Australia and New Zealand
- 3 months experience

Data collection

- Online survey: Renal Society of Australasia

Instrument

- Cultural Competence Assessment
- Three open-ended questions

•Data analysis

- Descriptive analysis
- Content analysis (Kyngäs et al., 2020)

Factor I (Cultural Competence Behaviors)
I find ways to adapt my services to client and family cultural preferences.
I welcome feedback from co-workers about how I relate to others with different cultures.
I avoid making generalizations about groups of people (stereotyping).
I act to remove obstacles for people of different cultures when clients and families identify them to me.
I act to remove obstacles for people of different cultures when I identify them.
I ask clients and families to tell me about their expectations for care.
I ask clients and families to tell me about their own explanations of health and illness.
I welcome feedback from clients about how I relate to others with different cultures.
I document the adaptations I make with clients and families.
I document cultural assessments.
I recognize potential barriers to service that might be encountered by different people.
I use a variety of sources to learn about the cultural heritage of other people.
I seek information on cultural needs when I identify new clients and families in my practice.
I ask my co-workers not to make comments or jokes about cultural group characteristics in the workplace.
I learn from my co-workers about people with different cultural heritages.
I include cultural assessment when I do client or family evaluations.
I have resource books and other materials available to help me learn about clients and families from different cultures.
Factor II (Cultural Awareness & Sensitivity)
Even if I know about a person's culture, I assess their personal preferences for care.
Language barriers are not the only difficulties for recent immigrants to the U.S.
Spirituality and religious beliefs are important aspects of many cultural groups.
People with a common cultural background often have individual differences.
I think that knowing about different cultural groups helps direct my work with individual clients and families.
Clients and families may identify with more than one cultural group.
I believe that everyone should be treated with respect no matter what their cultural heritage.
I understand that people from different cultures may define the concept of "care" in different ways.

Figure source: Doorenbos et al., 2005

Results

Survey response: N=123

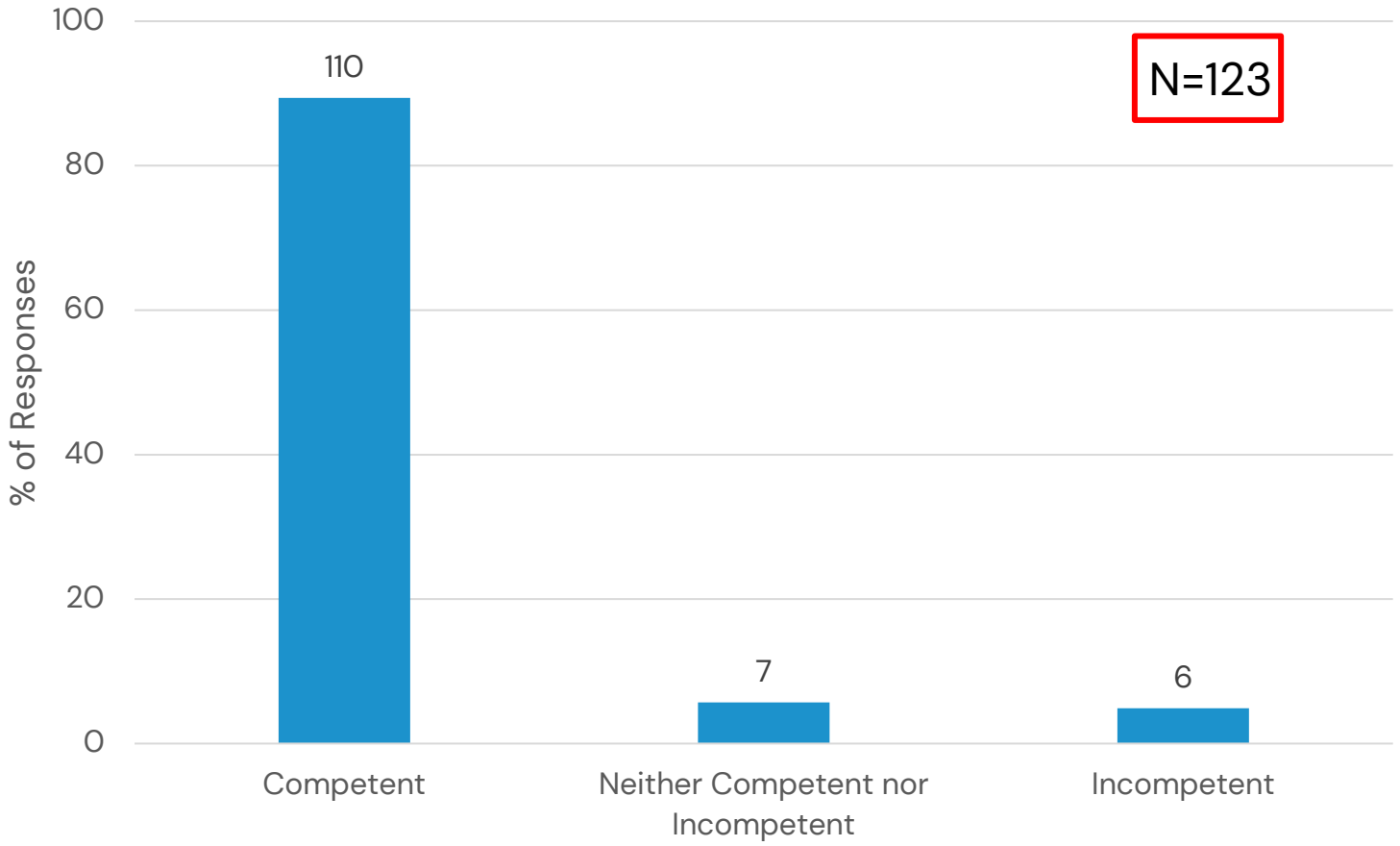
Demographic characteristics

- Average age 46.3 years
- Diverse cultural background

Workplace characteristics

- Australia: 97.2%
- New Zealand: 2.8%
- Satellite haemodialysis: 52%
- 10 years experience: 57.7%

Self reported cultural competence



Cultural competence score

- Cultural competence: **High** (M=5.09)
- Cultural awareness and sensitivity: **High** (M=5.77)
- Culturally responsive behaviours: **Moderate** (M=4.54)
- **Gap** between cultural competence and responsiveness

Gap in cultural responsiveness

- Low documentation of cultural care
- Limited access to education and training
- One-off mandatory training
- Limited focus on culturally diverse populations
- Uncertainties on culturally responsive care

Findings from deductive analysis

Culture care preservation and/or maintenance

"... I try to show that I am in a caring role despite being culturally different" (R13).

Culture care accommodation and/or negotiation

"... prioritise dialysis appointment times around cultural needs i.e., attending church" (R47).

Findings from inductive analysis

Language differences

Non-verbal methods

* …facial expressions, body language, hand gestures (R28)"

* Google Translate

Cultural awareness

"…certain [cultural] practices although may seem unnecessary to us are important to the client" (R53)

Recommendations

- Standardised cultural assessment
- Structured cultural care documentation
- Ongoing contextual training
- Engagement with local cultural communities
- Community engagement and partnership

Conclusion

- Cultural competence alone does not ensure culturally responsive care
- Translating awareness into practice is essential for equitable haemodialysis care

Acknowledgement

Renal Society of Australasia

RSA Members

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THANK YOU

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