CLINICIANS' RECOGNITION AND RESPONSES TO PATIENTS' CULTURAL NEEDS IN HAEMODIALYSIS: AN OBSERVATIONAL STUDY

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Background

- Spend up to 20 hours per week
- Patients with diverse cultural characteristics
- Unique cultural care needs (Jui-Chin et al., 2024)
- Unmet needs impact experiences (Hughes et al., 2019)



Photo source: https://english.palinfo.com/Zionist-Terrorism/2025/03/12/335462/

Culturally responsive care

- Not just awareness but action (Aryal et al.,2024)
- Recognition and response to cultural needs
- Understanding and respecting cultural values (Minnican & O'Toole, 2020)
- Accommodating needs and preferences
- Adapting care accordingly



Photo source: https://www.alfredhealth.org.au/services/dialysis

Methods

Aim

- Explore if and how clinicians may recognise and respond to patients' cultural needs and preferences in haemodialysis.

Setting

- 2 Satellite dialysis units, Melbourne

Inclusion criteria

- Haemodialysis clinicians, 3 months experience

Data collection

- Non-participant observation (Ciesielska et al., 2017)
- 24 Observation episodes: 46 clinicians, 1.5-3.5 hrs (56 hrs)
- Field notes and informal questions

Data analysis

- Inductive content analysis (Kyngäs et al., 2020)

Findings: Inductive analysis

Four themes revealed:

- Respecting cultural identity
- Accommodating cultural commitments
- Culture and diet
- Overcoming language barriers



Photo source: Microsoft 365 Stock images

Theme 1: Respecting cultural identity

"…I thought you were just Australian… what is the difference being half Argentinian and half Italian?"

- Asking about cultural heritage

"...you're from The Philippines, right? Were you born there? Do you go back often…?"

- Using respectful terms

"...I call them baba [father] because they are senior, like my baba [father] and respected people. In my culture, calling by first name for senior people is disrespectful…"

Theme 2: Accommodating cultural commitments

- Conflicts between cultural commitments and dialysis schedules
- Flexible dialysis scheduling



Photo source: https://pin.it/3OJSaUwml

Theme 3: Culture and diet

- Tension between cultural dietary practices and renal restrictions
- Initiation of discussions about culturally specific foods
- Linking food intake to clinical indicators
- Referral to dietitians



Photo source: https://halalfoodcouncilusa.com/what-does-halal-really-mean--dietary-guidelines/

Theme 3: Culture and diet

- Cultural food influencing clinical decisions

"..oh, pasta can have extra water… and it must have been a big Italian family celebration…"

- Vegetarian sandwich arrangements

- Inconsistencies between clinicians' approaches

"...I know it because that is my religion, Orthodox, but I guess it is very hard for other people [clinicians] to understand."

Theme 4: Overcoming language barriers

- Simplified language, repetition and gestures
- Visual aids and Google Translate
- Lay interpreters: Family members and nurses

Theme 4: Overcoming language barriers

- Nurses allocated to patients with shared language

> *"Vietnamese patients are…allocated to me because I understand their language."*

- Shared language builds comfort and connection

> *"…most Indian patients speak English, but they prefer to use Hindi and feel more comfortable using their own language. It is not just about the language. It gives them a sense of belongingness and community…"*

Recommendations

- Routine review of cultural needs and preferences
- Consistent access to professional interpreter use
- Scheduled regularly to optimise patient engagement

Conclusion

Inconsistent cultural responsiveness reduces equitable haemodialysis care

Acknowledgement

Research participants

Nurse Unit Managers

Unit leadership team

References

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THANK YOU

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