

International Nursing Interest Group (INIG)

newsletter)))

Winter 2020
Issue

Message from the Chair

On behalf of the INIG executive team, I trust that everyone had a safe and happy holidays and hoping for a much better New Year!

Despite the difficulties we experienced over the last 10 months due to the COVID 19 pandemic, we continued to engage with our members. We moved to virtual meetings. In February, several members participated at the Queen's Park Day and at the Membership Assembly. The executive met four times and the membership meetings were held three times. At the virtual AGM meeting on June, several of you attended. We thank you for your attendance and we hope that you will continue to do so in the years to come.

The meeting dates for 2021 are set so mark it on your calendar: March 18th, June 3rd, and October 22nd.

The membership survey was just completed, thank you for your time in completing it. It will help a lot in planning the educational topics and speakers for the year.

We also welcome our new members of the executive team, Jamara Smith, Student Representative and Heather Finn, Communications officer.

Cheers and be safe!

Beatriz Jackson, INIG Chair

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Message from the Chair

General Meeting: March 18th, June 3rd, and Oct 22nd, 2021.

New INIG ENOs for year 2020-2021

Jamara Smith, Student Liaison

Jamara Smith is currently in her fourth year of a Bachelor of Science in Nursing at the University of Ontario Institute of Technology. She accepted the student liaison position for the International Nursing Interest Group (INIG) because of her interest in global health, the existing inequities, and other issues that impact a nurse's ability to provide health care that is of high quality worldwide. She is intrigued by the INIG's global networking opportunities with members who discuss and exchange ideas about nursing issues and experiences. Her healthcare ambitions accompanied her from her roots in St. Lucia where she practices phlebotomy and interacted with people from numerous countries. She continues to seek out every opportunity to educate herself and grow within the healthcare field. After graduating from her nursing program, she hopes to work within an environment that focuses on population health, emphasizing health promotion, and disease prevention. Jamara has been an active RNAO student member for the past three academic years. She was a student mentee on the Durham Northumberland Chapter Executive Committee in the second year of her nursing degree. While a member of that Committee, she helped plan and participated in events such as the RNAO Fall Tour, AGM, and Take Your MPP to Work. Subsequently, she became the Student Liaison, where she served as the link between the nursing student body, RNAO Home Office, and the Chapter. She presented in various classes informing students of the existing opportunities available to them within the RNAO. She planned and executed, *along with* the student mentee team, nursing student-focused events like the Resume Writing Event and the Nursing Exploration Panel Discussion. She decided to return to being a mentee on the Durham Northumberland Executive Committee to support the new mentees and currently still holds this position. She is an avid community volunteer within the Durham Region, having previously volunteered at the St. Vincent's Kitchen, Lakeridge Health Oshawa Emergency Department, and has raised funds for Feed the Need Durham with another organization.

Heather Finn, Communication Executive Network Officer

Introduce the New Executive Members



Cooper Brathwaite, Angela. (2020). *Culturally Tailored and Cultural Competence Interventions: Meeting the Needs of Diverse Populations*

Research Corner

In recent years Canada's population has increased in cultural diversity due to immigration and global migration, resulting in complex health issues and care for numerous people groups. Culturally tailored interventions have great import for practicing nurses and have become a priority and commitment for the Nursing profession. Research evidence shows that culturally tailored interventions are more effective in meeting the health outcomes of ethnic minorities than standard programs targeting the general population.



What is the difference between cultural competence and culturally tailored interventions? Cultural competence is a “process in which the healthcare provider continuously strives to achieve the ability to effectively work within the cultural context of client/individual or family or community” (Campina-Bacote, 1999). It is defined as a set of knowledge and interpersonal skills that allow individuals to increase their understanding and appreciation of cultural differences and similarities within, among and between groups. (Campinha-Bacote, 1994). According to Campina-Bacote, cultural competence consists of five interdependent components (cultural awareness, cultural knowledge, cultural skill, cultural encounter and cultural desire), which an individual must progress through or experience and integrate in order to achieve cultural competence. In 2018, Campina-Bacote expanded cultural competence to include cultural humility. It is called “cultural competemility” and is described as a synergistic relationship between cultural humility and cultural competence, which are acquired through a “process of permeation”.

Cultural competence does not emphasize specific cultures but rather focuses on processes the practitioners use to provide care within the cultural context of the client. It is important to clinical practice because culturally competent nurses will deliver interventions which result in positive health outcomes to all clients from all cultures. For example, when a healthcare practitioner provides culturally competent care, that practitioner is able a) to vary nursing approaches/interventions when necessary in order to provide adequate and appropriate care; b) consider the importance of the client's culture; and c) adapt services to meet the culturally unique needs of the client. In other words, a nurse provides culturally competent care when the nurse's care matches the client's perception of their problem and their expectations for treatments.

Alternatively, cultural tailoring is ascertained when a healthcare provider conducts a health assessment (using individual or focus group interviews or surveys) to gain a better understanding of a client's cultural beliefs, practices, patterns, health preferences and priorities on a specific area of interest and incorporates the client's priorities, cultural beliefs and values into an intervention. The specific areas of interest relate to the health problem(s) the client is experiencing. For example, if a client is high risk for developing type 2 diabetes or heart disease, the healthcare

provider would include physical activity, healthy eating practices, food preferences and self-care management into the plan of care. Thus, the practitioner uses two steps during cultural tailoring to design the interventions for a client. These steps are: 1) conducts an individual or focus group interview or survey to understand the target group's cultural beliefs, food preferences, customs, healthcare practices and prioritizes the specific areas of interest and 2) incorporates the target group's priorities, cultural beliefs and values into the intervention.

In conclusion, what are the benefits of culturally tailored and cultural competence interventions? Both result in higher patients' satisfaction, adherence to medications, health literacy, appropriate health utilization, decreased health disparities and improved health outcomes for patients and their families. However, cultural competence is broader in scope than cultural tailoring. The level of preparation for healthcare practitioners to develop cultural tailoring skills require less time than acquiring cultural competence: awareness, knowledge, skills and abilities. These two concepts have been studied independently. I would recommended that these concepts are examined or tested in an intervention study, where one group of patients receive culturally tailored interventions and the other group of patients receive cultural competent care to determine their intrinsic values, worth and unpredicted outcomes.

To learn more about cultural tailoring and cultural competent care, the writer suggests that you read the following articles in the reference list to gain a better understanding of these concepts and their importance in providing care that meets clients' needs, expectations and improve health outcomes. Please refer to the following articles.

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- Cooper Brathwaite, A. (2006).** Influence of Nurse Characteristics on the Acquisition of Cultural Competence. *International Journal of Nursing Education Scholarship*, 3 (1) Article 3.
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RNAO BPSO Philippines in the COVID Pandemic

Contributed by Dr. Theresa Guino, Dean, Silliman University College of Nursing, Dumaguete City, Philippines RNAO BPSO Designate

Activities of the RNAO BPSO team of the Silliman University College of Nursing in Dumaguete City, Philippines were temporarily put to a hold with the implementation of quarantine regulations and suspension of classes. However, the RNAO BPSO lead and faculty members responded to the immediate call to curb COVID19 transmission. Although the Philippine scenario of infected cases is relatively low compared to other countries, we are conscious about preventing its escalation. This is in consideration that the health facility complement, testing centers and other health resources as well as health financing will be overwhelmed by the rising number of cases. Another challenging reality was the lack of supplies of personal protective equipment (PPEs) in the island province and the restriction of transport of supplies from other central areas. A great need for face masks, face shields, hand sanitizers, ethyl alcohol and overalls were evident.

The faculty of Silliman University College of Nursing, an RNAO BPSO pre-designate, were busy amidst the class suspension by the Commission on Higher Education (CHED). Many were involved in the production of improvised face shields and facemasks and mobilizing the local nurses' association, the Philippine Nurses Association (PNA) -Negros Oriental Chapter, to respond to the need of the frontline workers. Donations of PPEs were distributed to the different health facilities especially in the rural and municipal hospitals. Widespread information



dissemination was done through the help of faculty doing translation of the information, education and communication (IEC) materials into the local dialect. The PNA-Negros Oriental Chapter financed the reproduction and distribution to the different communities in the province. Psychological support for nurses in the form of therapeutic listening either through video or audio calls and text messages, offering of prayers and masses as well as the provision of food and hygiene materials were also given especially to the quarantined nurses.

The spirit of RNAO BPSO continues to burn amidst the pandemic in ways and locations where they are most needed. We continue to salute our frontline workers and other RNAO BPSO teams globally who are with us in this fight for a COVID19-free world.

INIG Executive Members

Beatriz Jackson, Chair

Janet Bowes, Membership Executive Officer

Philicia Joseph, Finance Executive Officer

Sepelene Dionarene, Policy & Political Action Executive Officer

Guangxia Meng, Social Media Executive Officer

Heather Finn, Communication Executive Officer

Jamara Smith, Student Liaison

Members Voice

Do you have any ideas in planning INIG workshops and education day in 2021? We welcome all members to join us and send any topics of interest. Your voices are heard!

Email address: beatriz.jackson@RNAO.ca

Upcoming events:

March 18, 2021 General
Zoom Meeting