การดูแลข้ามวัฒนธรรมในยุคประชาคมเศรษฐกิจอาเซียน

Transcultural Care and AEC Era

บทความวิชาการ

อรวรรณ จุลวงษ์*
Orawan Julawong, R.N., M.S., Ph.D.*

บทคัดย่อ

ประชาคมเศรษฐกิจอาเซียน เป็นหนึ่งของสามเสาหลักของประชาคมอาเซียนในการส่งเสริมโอกาสในการพัฒนาเศรษฐกิจของประเทศสมาชิก ผลกระทบของการเปิดสมาคมเศรษฐกิจอาเซียน ทำให้ประชากรของประเทศสมาชิกที่มีความหลากหลายทางวัฒนธรรม เชื้อชาติศาสนา และความเชื่อเพิ่มจำนวนมากขึ้น การดูแลข้ามวัฒนธรรมจึงเป็นสิ่งสำคัญในยุคของการเปลี่ยนแปลง พยาบาลเป็นหนึ่งในบุคลากรทีมสุขภาพที่ต้องปฏิสัมพันธ์กับผู้ป่วยเป็นด่านแรกจึงต้องตระหนักถึงความแตกต่างดังกล่าว ซึ่งในยุคของประชาคมเศรษฐกิจอาเซียนพยาบาลจึงจำเป็นต้องพัฒนาศักยภาพความสามารถในการดูแลข้ามวัฒนธรรมเพื่อสามารถให้การดูแลผู้ป่วยโดยการเคารพในความเชื่อและวัฒนธรรมที่แตกต่างของผู้รับบริการ

คำสำคัญ : การดูแลข้ามวัฒนธรรม, ยุคประชาคมเศรษฐกิจอาเซียน

Abstract

ASEAN Economic Community (AEC) is one of three corner stones promoting economic growth opportunities for ASEAN members. The impact of AEC will promote travel by people from ASEAN countries across the region. This movement will be of people from diverse backgrounds, multicultural backgrounds, different religions, beliefs, nationalities, and ethnicities. Transcultural nursing is an important aspect in dynamic world where providing health care services across national boundaries will soon be the norm. Nurses comprise one of the most important health care team components, and are usually the first people interacting with the patients. In AEC era with multiculturalism being so prevalent, nurses must be aware of how cultures, religion, and beliefs affect health beliefs and behaviors, and other health related problems. Nurses must be prepared to improve their multicultural competency in order to provide care with respect and appreciation of cultural diversity.

Keywords: Transcultural Care, ASEAN Economic Community

The Association of Southeast Asian Nations (ASEAN) will take place by the end of 2015. The purpose of ASEAN is to actively accelerate cooperation in economic growth, social progress, and cultural development in the Southeast Asian Nations. This purpose also endeavors to promote the spirit of equality and partnership and to strengthen the foundation for a prosperous and peaceful community of nations. ASEAN consists of 10 member countries including, Brunei, Cambodia, Indonesia, Laos PDR, Malaysia, Philippines, Singapore, Vietnam, Myanmar, and Thailand. There are three conceptual

Corresponding Author: *อาจารย์หัวหน้าภาควิชาการพยาบาลอนามัยชุมชน, E-mail : Orawan3@yahoo.com

pillars of ASEAN, (1) The Political-Security Community, (2) Economic Community, and (3) Socio-Cultural Community. The ASEAN Economic Community (AEC) aims to establish a more robust economic status across member's countries through trading, medical & health professional services, accounting, and insurance services. The impact of the AEC influences movement of people from the member countries across the region.

Health care providers play an important role in the trading of medical and health professional services. The notion of unicultural care is no longer suitable, as it may no longer cover all aspects of caring for human beings in a dynamic world like that of the AEC era. Transcultural care becomes an important issue and is a major concern to health care professionals providing services in a diverse community of nations.

The Impact of AEC on Health Services

AEC is one of the three corner stones promoting economic growth opportunities for ASEAN members. Medical professional services and other health care services are considered part of the most important and critical trading opportunities across the ASEAN community. The services of medical professionals include medical and dental professionals, midwives, nurses, physiotherapists, and paramedical personnel. Health services include hospital services, medical laboratories, ambulances, and residential health care other than hospitals (Dee, 2011). Since 2004, the Thai government has developed a strategic plan called "Centre of Excellent Health Care of Asia" which focuses on medical services, health promotion, and Thai herbal products. This strategic plan has led to an increase in foreign visitors in past years. In 2007, there were about 1.37 million foreign visitors (Dee, 2011). According to the TDRI study (2009), the number of patients from ASEAN receiving medical services in private hospitals has increased from 36,708 in 2003 to 115,561 in 2007. By the end of 2012, the number of patients obtaining health services exceeded 1 million (Smith., et al, 2009). It is expected that the number of patients from ASEAN countries will raise rapidly, especially when the ASEAN Economic Community convenes its meeting in 2015. In the past few years, the member countries of ASEAN has developed strategies to include integrating health care services, demand-based health care services, financial health care services, improving community-based health promotion and prevention, and strengthening health providers' ability to provide meaningful and appropriate care in nations with various beliefs and cultures.

The impact of AEC will promote people from ASEAN countries to travel across the region leading to movement of people with multicultural backgrounds, different religions, beliefs, nationalities, and ethnicities. Thus, medical and health professional services are at the core of health professional concerns, especially as they concern social, cultural, religious beliefs, and linguistic factors.

For these reasons, health care providers will be expected to provide care differently than before. Nurses comprise one of the most important health care team components, and are usually the first people interacting with patients. In the AEC era with multicultural diversity, nurses must be aware of how cultures, religion, and beliefs affect health beliefs and other health related problems.

What is Transcultural Nursing?

Transcultural nursing is defined as the major feature of the cultural diversity care. The theory of Transcultural nursing was developed over many years gradually transforming nursing practice and causing a paradigm shift from traditional medical and unicultural practice to a multicultural practice

(Lineinger, 1996). The core philosophy of nursing related to caring for human beings aims to treat the individual holistically (Crisp & Tayler, 2009). Transcultural Nursing or Transcultural Caring also refers to actions the patient perceives as appropriate, relevant and individualized to their needs, understanding the patient's uniqueness, and concerning one's own beliefs (Stein-Parbury, 2005). Every patient has the right to receive care that takes into account their needs, values and beliefs. Acknowledging cultural differences is a sign of respect and will help form a therapeutic (compassionate & empathetic) nurse-patient relationship, as well as empowering the patient by allowing them to maintain their individuality.

Leininger is the founder of the transcultural nursing movement in education research and practice. In 1995, Leininger defined transcultural nursing as: *a substantive area of study and practice focused on comparative cultural care (caring) values, beliefs, and practices of individuals or groups of similar or different cultures with the goal of providing culture-specific and universal nursing care practices in promoting health or well-being or to help people to face unfavorable human conditions, illness, or death in culturally meaningful ways (Leiningger, 1997, p. 58).* As evidenced by Leininger, creation of ethno science in nursing research methodology has brought about new trends showing movement away from unicultural nursing and toward a more multicultural dimension.

Professional nurses, as members of the health care team, require awareness and responsiveness to cultural challenges by modifying the care they give. Nurses also need to expect and accept diverse human beliefs and experiences, and respect differing concepts of spirituality, and be prepared to demonstrate compassion and understanding toward patients in diverse cultures. The essence of caring for culturally diverse patients should be comprised of respect, sensitivity, cultural knowledge, competency, effective, appropriate, and congruent care (Goldman, Monroe, and Dube, 1996).

Importance of Transcultural Nursing in AEC Era

People from the Southeast Asian Nations have different religions, beliefs, cultures, language, etc. Multicultural and religious perspectives can create misunderstandings about behaviors related to health problems or health beliefs across all generations of the population, such as the elderly, children, adults, pregnant women, and terminally ill patients. Diversity of cultures & beliefs may also create dilemmas for health care providers and patients concerning decisions regarding treatment plans, life saving procedures, such as blood transfusions, operations, organ donation, invasive treatments, and so on. People from different cultures may also have their own beliefs toward their health related behaviors.

In Thailand, Laos, Myanmar, Vietnam, and Cambodia, the majority of the citizens are Buddhist. In the Philippines, people are mostly Catholic and other Christians. These comprise a collection of beliefs and cultures anchored more or less in the idea that the world is inhabited by spirits and the supernatural. The vast population in Malaysia, Brunei, and Indonesia are Muslim. Therefore, it is challenging for health care providers, especially nurses, to provide care appropriately in diverse cultures with differing religions & beliefs. Nursing care of these clients can be extremely rewarding providing the nurse is knowledgeable about important features of the culture. Knowledge of the complex social structure, world view and cultural context is critical in promoting a sense of care for these clients. The centrality of religion and the family are closely interrelated and reflect many aspects of health care.

Nurses need to determine clients cultural heritage, and if any of their health beliefs are related to the cause of their illnesses.

The Relationship of Culture and Health

In a randomized, longitudinal study, the influence of meditation/relaxation techniques on the incidence of cardiovascular disease was reported. The participants behaviors which put them at high risk for the disease due to smoking, high blood pressure and high cholesterol were investigated. Results at intervals of eight weeks, eight months and four years afterwards, showed that the participants that followed the meditation/relaxation techniques program had a significantly lower blood pressure (Basu-Zharku, 2011). Most Buddhists believe in and practice meditation to control the mind. Buddhists use meditation technique to release pain and stress. Some cultures believe that making smoke by burning herbs smelling the smoke is a cure for asthma, while others believe that using a stone to scrub the stomach, called “Coining”, can release stomach pain. In this type of case, when the patient comes to the hospital with pain and signs of stomach bruising from coining, a misdiagnosis that the patient is experiencing a ruptured appendix may result in inappropriate treatment. If the health care provider is not aware of individual’s different culture and belief systems, misdiagnosis and mistreatment may occur. There are several literature reviews about health beliefs related to illness. In Islam, many believe, artificial nutrition and hydration is unlikely to benefit the patient and is more likely to impair the quality of life. Such treatments are also frequently believed to harm terminally ill patients due to likely complications from aspiration, pneumonia, dyspnea, nausea, diarrhea, and hypervolemia. In Islam, rules for the care of terminally ill patients based on the principle that injury and harm should be prevented or avoided. The hastening of death by the withdrawal of food and drink is forbidden, but Islamic law permits the withdrawal of futile, death-delaying treatment, including life support. Nutritional support is considered basic care and not medical treatment, and there is an obligation to provide nutrition and hydration for the dying person unless it shortens life, causes more harm than benefit, or is contrary to an advance directive that is consistent with Islamic law. The decision about withholding or withdrawing artificial nutrition and hydration from the terminally ill Muslim patient is made with informed consent, considering the clinical context of minimizing harm to the patient, with input from the patient, family members, health care providers, and religious scholars (Sami, 2014). Moreover, Muslim people are not allow eating pork, and can only eat Halal meat. Halal refers to the practices used to cultivate, process and slaughter meat & other foods. It is important for nurses to be aware and cautious about food preparation that is not prohibited.

Health Beliefs and Dilemma

In Malaysia, the previous study showed that doctors and nurses hesitated to discuss termination of pregnancy when women were diagnosed with Thalassemia traits. One of the reason is that termination of pregnancy is not permissible under their religion and abortion for this medical indication was illegal. (Ngim, Lai, & Ibrahim, 2013)

The refusal of medical treatment is a recurrent topic in bioethical debates and Jehovah's Witnesses often constitute an exemplary case in this regard. The refusal of a potentially life-saving blood transfusion is a controversial choice that challenges the basic medical principle of acting in patients' best interests and often leads physicians to adopt paternalistic attitudes toward patients who refuse transfusion (Malgorzata, 2013). For example, an 18-year-old Jehovah's Witness with sickle cell disease

has life-threatening anemia, and is experiencing heart failure. Her doctors urgently recommend blood transfusions. The young woman and her family adamantly refuse. Should the doctors let her die? Is there any alternative? (Nnenna, 2013) Similarity, a 69 year old man, a Jehovah's Witnesses, who was diagnosed with Iron Deficiency Anemia (DIA) poses a challenge to providers because of refusal to accept blood products (Dunn & Blevins, 2013). This is similar to the case of the child with leukemia who is at risk of organ failure without a blood transfusion. However, the child's parents refused this treatment because of religious beliefs. In order to save the child's life, the doctor gave blood transfusion to the child without parent's authorization (Starr, 2012). In these cases, Nurse takes an important role for assessing a patient, providing care, information, and receiving informed consent. Follow transcultural nursing aspects, requires nurses decisions to be based on rational beliefs and examination the reason for patients behaviors (Block, 2012).

The Future of Nursing Toward Cultural Diversity

The nursing profession needs to look outward and prepare for change. Nurses need to have cultural competency and also consciously address the fact that culture affects nurse–client exchanges and the ability to provide care with compassion and clarity. Nurses must ask each client what their cultural practices and preferences are, as well as demonstrate respect and appreciation for cultural diversity. Nurses must also strive to increase knowledge and sensitivity associated with this essential nursing concern by incorporating the client's personal, social, environmental, and cultural needs/ beliefs into the plan of care. Application of cultural competency to the nursing practicum may be accomplished by developing an assessment form covering all aspects of patient cultures and beliefs. This is necessary for cooperation at all levels of the health care team in order to optimize the quality of care for all patients in a dynamic, interdependent, multicultural world.

Conclusion

Today nurses are faced daily with unprecedented cultural diversity because of the increasing number of people moving in and out of any region, as represented by the AEC in 2015 emphasizing regional economic integration. Commitment to learning and practicing culturally competent care offers greater satisfaction and many other rewards to those who can provide holistic supportive care to all patients. It is imperative that we adequately prepare our nurses for the expectations and changes coming in 2015. This will require significant and thoughtful changes to our nursing curriculum and practicum. These changes should be addressed through a team approach including, students, teachers, and administrators to develop the necessary core inputs and instruments. Culturally competent care are able to effect positive changes in healthcare practices for clients of various designated cultures.

References

Basu-Zharku, L.O. (2011). The Influence of religion on health. *Student Pulse,* 3(1), 1-3.

Block, G. L. (2012). Jehovah's witnesses and autonomy. Honouring the refusal of blood transfusion. *Journal of Medical Ethics,* 38(11), 652-6.

Crisp, J., & Taylor, C. (2009). Potter and Perry's Fundamentals of Nursing (3rd. ed.). Australia: Elsevier.

Dee, P. (2011). Services Liberalization toward the ASEAN Economic Community. In Deepening east asia economic integration, eds. J. Corbett and S. Umezaki. ERIA Research Project Report, Jakarta.

Dunn, R.L., & Blevins, S. (2013). Iron supplementation and epoetin alfa in a Jehavah's witness with severe iron deficiency. *Journal of Pharmacy Technology,* 29(2), 88-93.

Leininger, M. (1996). Culture care theory: A major contribution to advance transcultural nursing knowledge and practices. *Nursing Science Quarterly,* 9(2), 71-78.

Leininger, M. (1997). Culture care theory, research, and practice. *International Nursing Review,* 44(1), 19-23.

Malgorzata, R. (2013). Bioethics and religions bodies: refusal of blood transfusion in Germany. *Social Science & Medicine,* 98, 271-7.

Ngim, C.F., Lai, N.M., & Ibrahim, H. (2013). Counselling for prenatal diagnosis and termination pregnancy due to Thalassemia major: a survey of health care workers' practice in Malaysia. *Prenatal diagnosis. 33* (13), 1226-32.

Nnenna, U., Wynne, M., Vanttorn, S., Sundraram, R., & Lantos, J.D. (2013). *A young adult Jehovah's wittness with severe anemia. Pediatrics,* 132 (3), 547-51.

Sami, A. (2014). Isalamic view on artificial nutrition and hydration in terminally ill patients. *Bioethics,* 28 (2), 96-9.

Smith, R.D., Chanda, R., Tancharoensathein, V. (2009). Trade in health-related services. *Lancet,* 373, 593-601.

Starr, L. (2012). Minors and refusal of treatment: who decides in the best interests of the child?. *Australian Nursing Journal,* 20(1), 31.

Stein-Parbury, J. (2005). *Patient and Person: Interpersonal skills in nursing* (3rd. ed.). Australia: Elsevier.

Orawan Julawong. (2013). Nursing Preparedness in the Royal Thai Army Nursing College. *Journal of the Royal Thai Army Nurses.* 14(1) : 1-7.

Orawan Julawong. (2012). Exploring the Likeihood of the Army Nursing students Bonding with the Royal Thai Army Nursing College. *Journal of the Royal Thai Army Nurses.* 13(2) : 18-27.